**NEWBORN USE ONLY**
**GIVEN ON DOCTORS ORDER ONLY**

**TICARCILLIN SODIUM CLAVULANATE**

**DESCRIPTION**
Extended spectrum antibiotic with the beta-lactamase inhibitor clavulanic acid in a 30:1 ratio. Used for treatment of NON-CNS infections caused by susceptible β-lactamase-producing bacteria, including many strains of E.coli, Enterobacter, Klebsiella, Haemophilus influenzae, Proteus mirabilis, Pseudomonas spp. and Staph aureus.

**PHARMACOKINETICS**
Ticarcillin is primarily eliminated unchanged by renal mechanisms, whereas clavulanate undergoes significant hepatic metabolism. Mean half-life of ticarcillin is 4.2 hours compared to a mean half-life of 2 hours of clavulanate. CNS penetration is modest.

Each dose of drug may contain sodium of up to 0.48 mEq/kg body weight.

**PRESENTATION**
Ticarcillin Sodium 3gm + Potassium Clavulanic Acid 100mg/vial

**ROUTE**
IV infusion only

**DOSE**
75-100mg/kg/dose

<table>
<thead>
<tr>
<th>Postnatal age (days)</th>
<th>Interval</th>
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<tr>
<td>0–28</td>
<td>12hrly</td>
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<tr>
<td>≥28</td>
<td>8 hrly</td>
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**RECONSTITUTION**
Add 13ml of water for injection to the vial to make a 200 mg/ml solution. **FURTHER DILUTE** 1ml of reconstituted solution with 4ml of water for injection to make a final concentration of 40mg/ml solution.

**ADMINISTRATION**
IV infusion over 30 minutes

**MONITORING**
1. Assess renal function prior to therapy.
2. Periodic check on serum Na and hepatic transaminases.
3. Observe IV site for extravasation.

**ADVERSE EFFECT**
1. Eosinophilia
2. Hyperbilirubinemia
3. Elevations in liver enzymes
4. Hypernatremia

**SOLUTION COMPATIBILITY**
5%dextrose, 0.9%sodium chloride

**TERMINAL INJECTION SITE COMPATIBILITY**
amino acid and fat emulsion, acyclovir, aztreonam, cefepime, famotidine, fluconazole, heparin, insulin, morphine, propfol, theophylline.

**INCOMPATIBILITY**
aminoglycosides, sodium bicarbonate, vancomycin.

**REFERENCE**