## Imipenem + cilastatin

Alert	<ul><li>High risk medicine.</li><li>Antimicrobial Stewardship Team recommends this drug is listed as Restricted.</li><li>Widespread use of carbapenems has been linked with increasing prevalence of infections caused by</li></ul>				
	methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), vancomycin-resistant enterococci (VRE), multi resistant Gram-negative organisms and <i>Clostridium difficile</i> .				
	NOT the preferred carbapenem in neonates because of possible adverse effects. Should be avoided in preterm neonates because of cilastatin accumulation.				
Indication	Non-CNS sepsis caused by susceptible organisms including enteric Gram-negative rods, extended-				
			, Pseudomonas aeruginosa,	, anaerobic organisms	
			ram-positive organisms.		
Action	Inhibits cell wall synthesis. Cilastatin prevents renal metabolism of imipenem. Meropenem is a better choice for central nervous system infections as it attains a higher			-	
	-		-	-	
		ebrospinal fluid an	d has a lower incidence of s	eizures than imipenem +	
	cilastatin.				
Drug type	Carbapenem antibiotic				
Trade name	Primaxin	Primaxin			
Presentation	500 mg vial.				
Dose	Dose based on imipenem component				
	Condition	Dose	Dosing Interval	Infusion Time	
	Non-Pseudomonas	25 mg/kg	12 hourly	30 minutes	
	aeruginosa	- 0, 0	,		
	Pseudomonas	25 mg/kg	8 hourly	90 minutes	
	aeruginosa	0, 0	,		
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Dose adjustment	Dose may need to be re	duced in impaired	renal function.		
Maximum dose	75 mg/kg/day	· · · · ·			
Total cumulative dose	0, 0, 1				
Route	IV Infusion				
Preparation		hloride 0.9% to the	500 mg vial to make a 50 m	ng/mL solution	
	Add 9.2 mL of sodium chloride 0.9% to the 500 mg vial to make a 50 mg/mL solution FURTHER DILUTE				
	Draw up 2 mL (100 mg of Imipenem + cilastatin) of the above solution and add 8 mL sodium chlorid				
	0.9% to make a final vol	ume of 10 mL with	a final concentration of 10	mg/mL.	
Administration	Non-Pseudomonas aeru	<i>iginosa –</i> IV infusior	n over 30 minutes.		
	Pseudomonas aeruginos	sa – IV infusion ove	r 90 minutes.		
Monitoring	Renal function. Dose ma	ay need to be reduc	ed in impaired renal function	on.	
	Blood count and liver fu	nction.			
Contraindications	Hypersensitivity to peni	cillins, cephalospor	ins or carbapenems.		
	CNS infections.				
Precautions	Seizures can occur in infants with renal impairment or central nervous system infection.				
Drug interactions	Ganciclovir – risk of seiz	ures. Do not give co	oncomitantly unless the pot	ential benefits outweigh the	
	risks.				
	Valproate – results in de	ecreased concentra	tions of valproate.		
Adverse reactions	-		liver function, tachycardia,	-	
			stridium difficile) and vomit	ing.	
Compatibility	Fluids: Glucose 5%, gluc	ose 10%, sodium cł	nloride 0.9%		
		-	aztreonam, caspofungin, ci	satracurium besilate,	
		inezolid, remifenta	nil, tigecycline, zidovudine.		
Incompatibility	Fluids: Hartmann's.				
	Y-site: Amiodarone, amoxycillin, azathioprine, azithromycin, ceftriaxone, chlorpromazine,				
	daptomycin, fluconazole, ganciclovir, haloperidol lactate, metaraminol, midazolam, milrinone, mycophenolate mofetil, palonosetron, pethidine, sodium bicarbonate, vecuronium.				
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Stability	Reconstituted or diluted	solution stable for	4 hours below 25°C or for	24 hours at 2–8°C.	

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Storage	Store vial below 25°C.	
Excipients	Sodium bicarbonate	
Special comments	Solutions of imipenem + cilastatin range from colourless to yellow. Variations of colour within this range do not affect the potency.	
Evidence	Refer to full version.	
Practice points	Refer to full version.	
References	Refer to full version.	

VERSION/NUMBER	DATE
Original 1.0	05/12/2015
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