cefOTAXIME
Newborn use only

2020

Alert	High risk medicine. The Antimicrobial Stewardship Team recommends this drug is listed under the following category: Restricted.
Indication	As part of therapy for suspected meningitis. Treatment of proven meningitis and sepsis caused by susceptible organisms (e.g., *E.coli, H. influenzae, Klebsiella* spp.).
Action	Bactericidal agent which inhibits cell wall synthesis in susceptible bacteria. Broad spectrum against gram positive and many gram negative organisms but not *Pseudomonas* species.
Drug type	Cephalosporin antibiotic.
Trade name	Cefotaxime Sandoz, DBL Cefotaxime Sodium
Presentation	500 mg and 1 g vial
Dose	**50 mg/kg/dose.**

Corrected Gestational Age/Postmenstrual Age	Postnatal Age	Interval
< 30^{+0} weeks	0–28 days	12 hourly
< 30^{+0} weeks	≥29 days	8 hourly
30^{+0}–36^{+6} weeks	0–14 days	12 hourly
30^{+0}–36^{+6} weeks	≥15 days	8 hourly
≥ 37^{+0} weeks	0–7 days	8 hourly
≥ 37^{+0} weeks	≥8 days	6 hourly

Dose adjustment	
Maximum dose	
Total cumulative dose	
Route	IV IM
Preparation	**IV** Add 9.8 mL of water for injection to the **500 mg powder** to make a 50 mg/mL solution OR Add 9.6 mL of water for injection to the **1 g powder** to make a 100 mg/mL solution. **IM injection** Add 2 mL of water for injection to the **500 mg powder** to make a 230 mg/mL solution OR Add 3 mL of water for injection to the **1 g powder** to make a 300 mg/mL solution.
Administration	**IV bolus**: over 3–5 minutes. **IV infusion**: over 15–30 minutes **IM injection**: Inject deep into the large muscle.
Monitoring	Cefotaxime has a high therapeutic index. Consider monitoring renal function, blood count and electrolytes if therapy is prolonged.
Contraindications	Hypersensitivity to cefotaxime or other cephalosporins or previous history of major allergic response to a penicillin.
Precautions	Liver and renal disease. Sodium restriction – cefotaxime contains 48.2 mg/g (2.1 mmol/g) sodium.
Drug interactions	May potentiate the renal toxicity of nephrotoxic drugs. Should not be combined with bacteriostatic antibiotics (e.g., tetracycline, erythromycin or chloramphenicol) since there may be a potential antagonistic effect.
Adverse reactions	Leucopaenia, granulocytopaenia, agranulocytosis. Moderate and transient rise in liver enzymes and/or bilirubin. Hypersensitivity reactions. Arrhythmias have occurred in patients who received rapid IV administration through a central venous catheter. Fungal sepsis. Bacterial resistance.
Compatibility	Fluids: Glucose 5%, glucose 10%, Hartmann's, sodium chloride 0.9%

	Y site: Amino acid solutions, aciclovir, amifostine, aztreonam, bivalirudin, dexmedetomidine, granisetron, hydromorphone, magnesium sulfate, midazolam, morphine sulfate, pethidine, remifentanil, tigecycline.
Incompatibility	Fluids: Alkaline solutions e.g., containing sodium bicarbonate. Y site: Aminoglycosides – amikacin, gentamicin, tobramycin; azathioprine, azithromycin, caspofungin, chloramphenicol, chlorpromazine, dobutamine, dolasetron, filgrastim, fluconazole, ganciclovir, haloperidol lactate, hydralazine, labetalol, methylprednisolone sodium succinate, mycophenolate mofetil, pentamidine, phenobarbitone, phentolamine, promethazine, protamine, sodium bicarbonate, vecuronium.
Stability	Reconstituted solution is stable for 24 hours at 2 to 8 °C. Protect from light. Do not use if powder or solutions have darkened in colour.
Storage	Store below 25°C Protect from light.
Excipients	
Special comments	The main metabolite of cefotaxime is desacetylcefotaxime. This metabolite is active and is thought to enhance activity against Gram negative organisms. It has a longer half-life than cefotaxime. The major route of clearance of both cefotaxime and desacetylcefotaxime is renal.
Evidence	Refer to full version.
Practice points	
References	Refer to full version.

VERSION/NUMBER	**DATE**
Original 1.1	**08/08/2015**
Version 2.1	**10/08/2017**
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