



CEFAZOLIN

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<u>Formulary: Unrestricted</u>	
Presentation	Vial: 1 g (1000 mg) powder for reconstitution
Drug Class	First generation cephalosporin antibiotic
Indication	<ul style="list-style-type: none">• Infection due to susceptible organisms• Gram positive bacteria (<i>Streptococci</i> and susceptible <i>Staphylococci</i>)
Monitoring	Renal function and complete blood count during prolonged (>10 days) and/or high dose treatment
Compatibility	Fluids: Glucose 5%, Glucose 10%, Sodium Chloride 0.9%, Water for Injection Refer to KEMH Neonatal Medication Guideline: Y-Site IV Compatibility in Neonates
Incompatibility	IV aminoglycoside antibiotics, including gentamicin, are inactivated by IV cephalosporins, penicillins and teicoplanin. Ensure lines are adequately flushed between antibiotics.
Side Effects	Common: diarrhoea, pain and inflammation at the injection site, <i>clostridium difficile</i> -associated disease
	Serious: anaphylaxis, thrombocytopenia
	Hypothrombinaemia has been associated with cefazolin. This may affect bleeding and clotting times.
Storage & Stability	Vial: Store at room temperature below 25°C. Protect from light Crystals may form if the solution is refrigerated. Redissolve by shaking the vial and warming in the hands. Do not use if crystals do not dissolve easily.

Presentation **Vial:** 1 g (1000 mg) powder for reconstitution
Available from PCS (PCH) and CIVAS (KEMH):
IV push: 100 mg/mL
Available from CIVAS (KEMH):
IV infusion: 20 mg/mL



Infection due to susceptible organisms

Dosage	Postnatal Age	Weight	Dose	Frequency
	0 to 7 days	Less than 2000 g		25 mg/kg/dose
Greater than or equal to 2000 g			50 mg/kg/dose	Every 12 hours
Greater than 7 days	Less than 2000 g		25 mg/kg/dose	Every 8 hours
	Greater than or equal to 2000 g		50 mg/kg/dose	Every 8 hours

Preparation

IV Push

- Add 9.5 mL of Water for Injection to the CEFAZOLIN vial
- *Concentration now equal to 100 mg/mL*

IV Infusion

Step 1 Reconstitution:

- Add 9.5 mL of Water for Injection to the CEFAZOLIN vial

Step 2 Dilution:

- Draw up 2 mL (200 mg) and make up to 10 mL total volume with appropriate diluent
- *Concentration now equal to 20 mg/mL*

Administration

IV push: 100 mg/mL

- Inject over 3 to 5 minutes.

IV infusion: 20 mg/mL

- Infuse via syringe driver pump over 10 to 60 minutes.

Related Policies, Procedures, and Guidelines

Clinical Practice Guidelines:

[CAHS Guideline - Sepsis: Neonatal](#)

WNHS Pharmaceutical and Medicines Management Guidelines:

[Cold Chain Management for Medications and Vaccines](#)

References

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