



## NEONATAL MEDICATION GUIDELINE

# Cefepime

**Scope (Staff):** Nursing, Medical and Pharmacy Staff

**Scope (Area):** KEMH NICU, PCH NICU, NETS WA

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### Description

Fourth generation, broad spectrum cephalosporin antibiotic. Inhibits bacterial cell wall synthesis by binding to penicillin-binding proteins.

### Presentation

Vial: 2g

### Storage

Store at room temperature, below 25°C. Protect from light.

### Dose

#### Treatment of serious infections caused by *Pseudomonas aeruginosa*.

IV:

50mg/kg/dose every 12 hours

#### Treatment of serious infections caused by other susceptible gram- negative organisms, or gram-positive organisms.

IV: Refer to table on the next page

Postnatal Age	Dose
≤ 28 days	40 mg/kg/dose every 12 hours
> 28 days	50 mg/kg/dose every 8 hours

## Dose Adjustment

### Renal Impairment:

Dose adjustment recommended in renal impairment. Seek advice from pharmacy or infectious diseases consultant.

### Hepatic Impairment:

No dosage adjustment necessary.

## Preparation

### IV Push

**Step 1 Reconstitution:** Add 17.4 mL of compatible fluid to 2 g vial. Shake well to allow contents to dissolve.

Final concentration = 100 mg/mL

### IV Infusion

**Step 1 Reconstitution:** Add 17.4 mL of compatible fluid to 2 g vial. Shake well to allow contents to dissolve. Concentration is now 100mg/mL.

**Step 2 Dilution:** Withdraw the entire contents of the vial (approximately 20 mL) and make to a final volume of 50 mL with compatible fluid.

Final concentration= 40 mg/mL.

## Administration

### IV Push

Slow push over 3 to 5 minutes.

### IV Infusion

Infuse over 30 minutes.

## Compatible Fluids

Glucose 5%, sodium chloride 0.9%, glucose in sodium chloride solutions.

## Y-Site Compatibility

Refer to KEMH Neonatal Medication Guideline: [Y-Site IV Compatibility in Neonates](#)

## Side Effects

**Common:** rash, diarrhoea.

**Serious:** elevated hepatic transaminases, eosinophilia, positive Coomb's test, renal impairment.

## Interactions

IV aminoglycoside antibiotics are inactivated by IV penicillins and cephalosporins. Aminoglycoside antibiotics are rapidly bactericidal and should be administered first. The line should then be flushed well with a compatible fluid and the penicillin administered.

## Monitoring

Renal and haematological function should be monitored with prolonged therapy (i.e. longer than 7 days) or for high dose treatment.

## Related Policies, Procedures & Guidelines

### WNHS Clinical Practice Guidelines:

[Antimicrobial Restriction Category List](#)

### WNHS Pharmaceutical and Medicines Management Guidelines:

[Medication Administration](#)

## References

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