



NEONATAL MEDICATION PROTOCOLS

CO-TRIMOXAZOLE
Created by: NCCU
Date for review: Aug 2016

NCCU Clinical Guidelines
KEMH/PMH
Perth, Western Australia

DRUG:	CO-TRIMOXAZOLE (Trimethoprim/Sulphamethoxazole)
PRESENTATION:	<p>Ampoule: Trimethoprim 80mg - Sulphamethoxazole 400mg per 5mL</p> <p>Oral Suspension: Trimethoprim 40mg - Sulphamethoxazole 200mg per 5mL</p>
ACTION & INDICATION:	<p>Antimicrobial agent for susceptible gram positive and gram negative organisms</p> <p>May be used to treat urinary tract infections and for prophylaxis of urinary tract infections in infants once urine is sterile.</p>
DOSE:	<p>IV: Trimethoprim 3mg/kg /dose – Sulphamethoxazole 15 mg/kg/dose 12 hourly</p> <p>Oral: Treatment: 0.3 - 0.5 mL/kg/dose 12 hourly Equivalent to: Trimethoprim 2.4 – 4mg/kg/dose - Sulphamethoxazole 12 - 20mg/kg/dose 12 hourly</p> <p>Prophylaxis: 0.25mL/kg/dose at night</p>
PREPARATION:	<p>IV: Diluent: Glucose 5%</p> <p>Withdraw 1mL from ampoule. Dilute to 25mL (with diluent).</p> <p>Each 25mL contains 16mg trimethoprim and 80mg sulphamethoxazole.</p> <p>Withdraw required dose from the diluted solution.</p>
ADMINISTRATION:	<p>Intravenous infusion over 60 minutes</p> <p>Oral: May be given with or after feeds.</p>
ADVERSE EFFECTS:	<p>Neutropenia</p> <p>Photosensitivity</p> <p>G.I. upset with oral doses.</p>
COMMENTS:	<p>Not usually recommended in infants under 4 weeks of age.</p> <p>Should not be used in jaundiced infants</p> <p>Avoid in G6PD deficiency.</p> <p>Due to potential instability this cannot be prepared by CIVAS</p>
REFERENCES:	<p>Paediatric Pharmacopoeia 13th Ed Royal Children's Hospital Melbourne</p> <p>BNF for Children 2013</p>
DATE:	August 2013