


## NEONATAL MEDICATION PROTOCOLS

**TEICOPLANIN**  
Created by: NCCU  
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NCCU Clinical Guidelines  
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<b>DRUG:</b>	<b>TEICOPLANIN</b>
<b>PRESENTATION:</b>	Vial: 400mg powder and supplied diluent (Water for Injections 3.2mL)
<b>ALERTS &amp; RESTRICTIONS</b>	 <b>HIGH RISK Medication</b> <u>Antimicrobial Restriction: Category B ORANGE Monitored</u>
<b>ACTION &amp; INDICATION:</b>	<p>Glycopeptide antibiotic</p> <ul style="list-style-type: none"> <li>Used for potentially serious gram-positive infections including endocarditis and;</li> <li>Serious infections due to staphylococcus aureus and;</li> <li>susceptible coagulase negative staphylococci</li> </ul>
<b>DOSE:</b>	<p><b>Initial Dose:</b> 16mg/kg/dose as a single dose THEN 24 hours later a maintenance dose is given</p> <p><b>Maintenance Dose:</b> 8mg/kg/dose 24 hourly</p> <p><b>Renal Impairment: Dose and/or dosing interval may need adjustment. Seek pharmacy and microbiology advice</b></p>
<b>PREPARATION:</b>	<ol style="list-style-type: none"> <li>1. Reconstitute vial with supplied 3.2mL of Water for Injections</li> <li>2. Inject diluent slowly down the wall of the vial</li> <li>3. Roll the vial gently between palms to aid dissolution– <b>DO NOT SHAKE</b></li> <li>4. If foaming occurs, stand the vial aside for 15 minutes until foam settles.</li> <li>5. Concentration is now <b>400mg / 3mL</b></li> <li>6. Withdraw 3mL from the vial</li> <li>7. Further dilute with 17mL of Sodium Chloride 0.9% to a final volume of 20mL.</li> <li>8. Concentration is now <b>20mg/mL.</b></li> </ol>
<b>ADMINISTRATION:</b>	<b>IV Infusion:</b> over 30 minutes
<b>ADVERSE EFFECTS:</b>	<p>Hypersensitivity, fever, rash, nausea, vomiting, , itch, diarrhea, abnormal liver function tests</p> <p><b>Nephrotoxicity</b> - reduce dose in renal impairment. Increased risk when administered with other nephrotoxic drugs.</p> <p>Ototoxicity (rarely reported, associated with high doses )</p> <p>Thrombophlebitis, Neutropenia, eosinophilia, thrombocytopenia</p>
<b>MONITORING</b>	<p>Monitor Teicoplanin trough level Frequency required is dependent on renal function, usually The minimum specimen volume is 0.5ml (Personal communication PathWest) Specimen type= Lithium Heparin (Dark Green top) 1 mL (No gel), or, Serum (Red top) 1 mL (No Gel) The assay is performed at QE2 biochemistry on weekdays , Samples should be marked "urgent", a same day result is only possible if sent on a weekday morning.</p> <p>Target therapeutic trough range is not well established, generally considered 10-20 mg/L, but ≥ 20 mg/ml is recommended for some indications (eg endocarditis)</p>
<b>COMMENTS:</b>	Use immediately after reconstitution , Do NOT store in a syringe
<b>REFERENCES</b>	<p>SHPA Injectable Drugs Handbook 6<sup>th</sup> ed. BNF for Children 2014 Neonatal Formulary 7<sup>th</sup> Edition</p>