**CEFOTAXIME**

**Presentation**
Vial: 1g

**Classification**
Third generation cephalosporin

**Indications**
- Suspected meningitis
- Neonatal sepsis
- Gonococcal infection
- Susceptible gram negative infections excluding *Pseudomonas sp.*

**Dose**

<table>
<thead>
<tr>
<th>Postnatal Age</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7 days</td>
<td>50 mg/kg</td>
<td>Every 12 hours</td>
</tr>
<tr>
<td>&gt;7-21 days</td>
<td>50 mg/kg</td>
<td>Every 8 hours</td>
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<tr>
<td>&gt;21 days</td>
<td>50 mg/kg</td>
<td>Every 6 hours</td>
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</tbody>
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**Monitoring**
Monitor renal and hepatic function if long term therapy

**Dose Adjustment**
Dose adjustment recommended in severe renal impairment

**Guidelines & Resources**
[Sepsis: General Management and Treatment](#)

**Compatible Fluids**
Glucose 5%, Glucose 10%, Sodium Chloride 0.9%
| Preparation | **IV Push:** available from CIVAS (KEMH & PCH)  
Add 9.6mL of water for injections to a 1g vial  
Concentration is 1000mg/10mL = 100mg/mL  
**IV Infusion:**  
**Step 1: Reconstitution**  
Add 9.6mL of water for injections to a 1g vial  
Concentration is 1000mg/10mL = 100mg/mL  
**Step 2: Dilution**  
Take 2mL (200mg) of the above solution and make to a final volume of 5mL with a compatible diluent.  
Concentration is 200mg/5mL = 40mg/mL  
**IM:**  
Add 3.6mL of water for injections to a 1g vial  
Concentration is 1000mg/4mL = 250mg/mL |
| --- | --- |
| Administration | **IV Push:**  
Inject over 3 to 5 minutes  
**IV Infusion:**  
Infuse over 20 to 30 minutes  
**IM:**  
As per [Administration Guideline](#) |
| Adverse Reactions | **Common:** rash, diarrhoea moderate or transient rise in liver enzymes or bilirubin  
**Serious:** Hypersensitivity reactions, leukopenia, agranulocytosis, arrhythmias if rapid IV administration through a central venous catheter |
| Storage | Store below 25°C Protect from light.  
Discard reconstituted solution immediately after use. |
| Interactions | IV aminoglycoside antibiotics, including gentamicin, are inactivated by IV cephalosporins. Ensure lines are adequately flushed between antibiotics.  
Cefotaxime may potentiate the renal toxicity of nephrotoxic drugs. |
Notes
Use may result in false positive urine glucose test (Clinitest®)
Cefotaxime is used instead of ceftriaxone for gram-negative septicaemia in neonates because ceftriaxone can displace bilirubin.

References


