



ADULT

# Erythromycin

This document should be read in conjunction with this [DISCLAIMER](#)

**Antimicrobial Restriction – Restricted (IV)**

For antimicrobial use Pre-approval required by ID physician or Clinical Microbiologist




**Antimicrobial Restriction – Monitored (IV for prokinesis)**

IV therapy beyond 3 days to be discussed with ID physician or Clinical Microbiologist

**Antimicrobial Restriction – Unrestricted (Oral)**

<p><b>Presentation</b></p>	<p><b>Vial (Powder for reconstitution): 1g</b>  <b>Capsule: 250mg</b>  <b>Oral suspension: 400mg/5mL</b></p>
<p><b>Dose</b></p>	<p><b>PRETERM PRELABOUR RUPTURE OF MEMBRANES (PPROM):</b>  <b>Route: Oral</b>  Dose: 250mg orally 6 hourly for 10 days</p> <p><b>PROKINESIS (Non antimicrobial use)</b>  <b>Route: IV</b>  Dose: 50-100mg IV 6 hourly, if higher doses are necessary, approval from the patients' consultant is required. Maximum dose for prokinesis 500mg IV 6 hourly</p> <p><b>ANTIMICROBIAL USE</b>  <b>Route: IV</b>  Dose: 500 - 1000mg IV 6 hourly  Not usually encouraged due to availability of more efficacious and safer IV agents e.g. azithromycin. <b>Microbiology preapproval required before prescribing</b></p>
<p><b>Administration</b></p>	<p><b><u>Route 1: Oral</u></b>  <b>Administration:</b> To be taken at least half an hour before food</p> <p><b><u>Route 2: IV Infusion</u></b>  <b>Step 1 Reconstitution:</b> Reconstitute 1g with 20mL of water for injections  <b>Step 2 Dilution:</b> Dilute to 1 - 5mg/mL with sodium chloride 0.9% with a</p>

	<p>minimum volume of 100mL</p> <p><b>Administration:</b> Infuse over 1 to 2 hours</p>
<b>Pregnancy</b>	<p><b>1<sup>st</sup> Trimester:</b> Consider alternative</p> <p>Initial studies of erythromycin use in early pregnancy showed an association with cardiac malformations when compared to infants not exposed to the medicine. Recent studies have not found an association between in utero exposure and an increased incidence of malformations.</p> <p>There is also insufficient evidence to support a possible increased risk of pyloric stenosis in newborns exposed to erythromycin during pregnancy</p> <p><b>2<sup>nd</sup> Trimester:</b> Safe to use</p> <p><b>3<sup>rd</sup> Trimester:</b> Safe to use</p>
<b>Breastfeeding</b>	Safe to use
<b>Other clinical guidelines and policies</b>	<p><a href="#">WNHS Policy: Antimicrobial Stewardship at KEMH</a></p> <p><a href="#">Preterm Prelabour Rupture of Membranes (PPROM)</a></p> <p><a href="#">Chlamydia</a></p> <p><a href="#">Sexually transmitted Infections</a></p> <p><a href="#">Standard Procedures for Reconstitution and Administration of Intravenous Drugs</a></p> <p><a href="#">Drugs that may prolong QT interval</a></p>
<b>References</b>	<p>Australian Medicines Handbook. Erythromycin. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2015 [cited 2015 Jun 10]. Available from: <a href="https://amhonline.amh.net.au/">https://amhonline.amh.net.au/</a></p> <p>The Royal Women's Hospital. Erythromycin. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2016 [cited 2016 May 09]. Available from: <a href="https://thewomenspbmg.org.au/">https://thewomenspbmg.org.au/</a></p> <p>EUSOM13: Gastroparesis in adults: oral erythromycin. NICE, June 2013.</p>

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