



## NEONATAL MEDICATION GUIDELINE

# Fosfomycin

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

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

This document should be read in conjunction with the [Disclaimer](#).

### Quick Links

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### Restrictions

#### Neonatal: Non-Formulary - [IPA Required](#)

In order not to create unnecessary delays in treatment in uncommon circumstances, medications not listed in the formulary but used in paediatrics may be used in the neonatal setting when under the direction of both a Specialist Consultant and a Neonatologist.

#### [Paediatric Formulary: Highly Restricted](#)

Restricted to prescribing by or in consultation with a Clinical Microbiologist or Infectious Disease Physician PRIOR to initiation of therapy

[SAS Category A](#) (item requires approval by TGA)

**[HIGH RISK Medication](#)** 

### Description

Phosphonic acid antibacterial

### Presentation

**Vial:** 2g

### Storage

**Vial:** Store at room temperature, below 25°C

**Reconstituted solution:** stable for 24 hours at 25°C, protected from light

## Indications

*When first line treatments are ineffective or inappropriate.*

*Approval required from clinical microbiologist / paediatric infectious diseases physician*

- Hospital-acquired lower respiratory-tract infections
- Bacterial meningitis
- Complicated urinary tract infections
- Osteomyelitis

## Dose

IV:

Current Gestational Age	Dose
Less than 40 weeks	100mg/kg daily in 2 divided doses
40 to 44 weeks	200mg/kg daily in 3 divided doses

## Dose Adjustment

### Renal Impairment:

Consider dose adjustment as per microbiologist / paediatric infectious diseases physician

### Hepatic Impairment:

Consider dose adjustment as per microbiologist / paediatric infectious diseases physician

## Preparation

### Intravenous Infusion

**Step 1 Reconstitution:** Reconstitute the 2g vial with 10mL compatible fluid. Shake well to dissolve.

**Step 2 Dilution:** Withdraw the contents of the vial and make up to 50mL with compatible fluid.

Final concentration = 40mg/mL

*Note: Sodium chloride 0.9% is not recommended as a diluent for neonates due to the sodium load of fosfomycin*

## Administration

### Intravenous Infusion

Infuse over at least 15 minutes.

Consider extended infusion time in patients at high risk of hypokalaemia

## Compatible Fluids

Glucose 5%, Glucose 10%

## Side Effects

**Uncommon:** Electrolyte imbalance, oedema, dyspnoea

**Serious:** Bone marrow disorders, eosinophilia, hepatic disorders, visual impairment, agranulocytosis, leucopenia, neutropenia, pseudomembranous enterocolitis, tachycardia, thrombocytopenia

## Interactions

Nil significant interactions

## Monitoring

Serum electrolytes (especially sodium, potassium and phosphate), fluid balance, renal function, liver function

## Comments

Each 1g of IV fosfomycin contains 14mmol of sodium.

Sodium chloride 0.9% is not recommended as a diluent for neonates due to the sodium load of fosfomycin.

## Related Policies, Procedures & Guidelines

**WNHS Policy Manual:**

[Antimicrobial Stewardship](#)

[Y-Site IV Compatibility in Neonates](#)

## References









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Keywords	Fosfomycin				
Document Owner:	Head of Department - Neonatology				
Author/ Reviewer	KEMH & PCH Pharmacy/Neonatology Directorate				
Version Info:	1.0				
Date First Issued:	July 2021	Last Reviewed:	July 2021	Review Date:	July 2024
Endorsed by:	Neonatal Directorate Management Group			Date:	27/07/2021
NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance <input type="checkbox"/>  Std 2: Partnering with Consumers <input type="checkbox"/>  Std 3: Preventing and Controlling Healthcare Associated Infection <input checked="" type="checkbox"/>  Std 4: Medication Safety		<input type="checkbox"/>  Std 5: Comprehensive Care <input type="checkbox"/>  Std 6: Communicating for Safety <input type="checkbox"/>  Std 7: Blood Management <input type="checkbox"/>  Std 8: Recognising and Responding to Acute Deterioration		
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