



NEONATAL Medication Monograph

Trimethoprim and Sulfamethoxazole (Co-trimoxazole)

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

IV - Highly Restricted: Requires Microbiologist approval before commencing

Oral - Unrestricted: Any prescriber may initiate treatment




⚠️ ALERT

Dosing is expressed as Trimethoprim component

Presentation	<p>Ampoule: Trimethoprim 80mg - Sulphamethoxazole 400mg per 5mL</p> <p>Oral Suspension: Trimethoprim 40mg - Sulphamethoxazole 200mg per 5mL</p>
Description	Sulphonamide and antifolate antibiobacterial
Indications	<p>Infections due to susceptible organisms</p> <p>Prophylaxis of urinary tract infection in at risk patients (vesicoureteric reflux)</p>
Contraindications	Glucose-6-phosphate dehydrogenase deficiency
Precautions	<ul style="list-style-type: none"> • Not recommended for use in infants with or at risk of jaundice. • Sulphonamides displace bilirubin from albumin and can lead to kernicterus. • Vials contain sodium metabisulfite which may cause allergic reactions in susceptible patients • Bone marrow suppression

Dosage	<p><u>Infections due to susceptible organisms</u></p> <p>IV/Oral:</p> <p><i>ALL doses are expressed and should be prescribed as the trimethoprim component.</i></p> <p>3mg / kg/ dose every 12 hours</p> <p><u>Prophylaxis of urinary tract infection in at risk patients (vesicoureteric reflux)</u></p> <p>Oral Suspension:</p> <p>2mg (0.25mL) /kg/ dose once a day (at night)</p>
Dosage Adjustment	Decrease dose and/or frequency of dosing in renal or hepatic impairment.
Adverse Reactions	<p>Common: Fever, nausea, vomiting, diarrhoea, anorexia, rash, itch, hyperkalaemia, thrombocytopenia (rarely significant)</p> <p>Serious: Megaloblastic anaemia, methaemoglobinaemia, erythema, hypoglycaemia, hepatitis, crystalluria, urinary obstruction with anuria/oliguria, Clostridium difficile- associated disease, aseptic meningitis</p>
Interactions	<p>Caution in use with potassium sparing diuretics (ie spironolactone) as can lead to hyperkalaemia</p> <p>Risk of QT prolongation with concurrent use of chloral hydrate, erythromycin and fluconazole</p>
Compatible Fluids	Glucose 5%, Glucose 10%, Sodium Chloride 0.9%
Preparation	<p>IV:</p> <p><i>Dilution</i></p> <p>Take 1 mL (trimethoprim 16mg) and dilute with 24mL of compatible fluid.</p> <p>Concentration is trimethoprim16mg/25mL</p> <p>Final Concentration = <u>0.64mg/mL (trimethoprim)</u></p>
Administration	<p>IV:</p> <p>Infuse over 60 to 90 minutes</p> <p>Oral:</p> <p>May be given with or after feeds</p>

Monitoring	<p>Complete blood picture and folate status during prolonged or high dose treatment</p> <p>Renal function during prolonged treatment, particularly in pre-existing renal impairment</p> <p>Serum potassium (hyperkalaemia can occur but risk increases with high dose and renal impairment. Average onset 4-5 days)</p>
Storage	<p>Ampoules : Store at room temperature , below 25°C</p> <p>Oral Solution: Check brand of suspension – storage conditions may differ</p> <p>Once opened, bottle will need to be discarded between 4-6 weeks (brand specific)</p>
References	<p>Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index : a universal resource for clinicians treating pediatric and neonatal patients. 24th ed. Hudson (Ohio): Lexicomp; 2019</p> <p>British National Formulary. BNF for Children. 2018-19 ed. London, UK: BMJ Group and Pharmaceutical Press; 2018.</p> <p>Society of Hospital Pharmacists of Australia. Trimethoprim and Sulfamethoxazole . In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2020 Jan 22]. Available from: http://aidh.hcn.com.au</p> <p>Australian Medicines Handbook. Trimethoprim and Sulfamethoxazole. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2019 [cited 2020 Jan 22]. Available from: https://amhonline.amh.net.au/</p>
Related clinical guidelines	<p>Antenatal Renal and Urological Anomalies</p> <p>WNHS Policy: Antimicrobial Stewardship</p>

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