



ADULT MEDICATION GUIDELINE	
TRIMETHOPRIM WITH SULFAMETHOXAZOLE	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer .	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding
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Restrictions

[Antimicrobial restriction : Restricted \(IV\)](#)

[Antimicrobial restriction: Unrestricted \(Oral\)](#)

Medication Class

Antibacterial

Presentation

Tablet: Trimethoprim 160 mg with sulfamethoxazole 800 mg

Suspension: Trimethoprim 8 mg/mL with sulfamethoxazole 40 mg/mL

Ampoule: Trimethoprim 80 mg/5mL with sulfamethoxazole 400 mg/5mL

Storage

Tablet/suspension: Store below 30°C. Protect from light.

Ampoule: Store below 30°C. Do not refrigerate. Protect from light.

Dose

Schedule 8 Medication

Mild-to-Moderate infections

Oral:

160/800mg every 12 hours

Severe infections

IV:

160/800 – 320/1600mg every 12 hours

Administration

Refer to the [Australian Injectable Drugs Handbook](#)

IV infusion

Step 1 Dilution:

Dilute to 1 in 25 with a sodium chloride 0.9% or glucose 5% solution

e.g. For a 160/800mg dose, dilute 10mL (2 ampoules) to 250mL

Step 2 Administration:

Infuse over 60 to 90 minutes

Oral

Take with or soon after food.

Avoid excessive skin exposure to sunlight.

Monitoring

Complete blood count and folate status during prolonged or high dose

Serum potassium, beginning day 3 if patient has renal impairment, taking drugs causing hyperkalaemia or high dose

Renal function during prolonged treatment, if history or renal insufficiency

Contraindicated by the manufacturer if CrCl <15 mL/minute

Contraindicated in severe hepatic impairment

Pregnancy

1st Trimester: Consider alternative

2nd Trimester: Consider alternative

3rd Trimester: Consider alternative

Avoid in the 1st trimester when possible. Trimethoprim, a folic acid antagonist, has been associated with an increased risk of congenital malformations. Concurrent maternal supplementation with folic acid 5mg daily is recommended

Breastfeeding

Considered safe to use in healthy infants

Use with caution if infant is premature, ill or jaundiced

Avoid if infant has G6PD deficiency

Comments

Also known as co-trimoxazole

Ratio of trimethoprim to sulfamethoxazole is 1:5

Doses are expressed as: 160/800 mg = trimethoprim 160 mg with sulfamethoxazole 800 mg
8/40 mg is equivalent to 1 mL of oral liquid

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

[Urinary Tract Infection for Pregnant Women](#)

[Infections in Obstetrics \(Intra-amniotic Chorioamnionitis and Postpartum Infection\): Diagnosis and management](#)

[Perineal Care and Repair: Protection, Assessment and Management](#)

[Antimicrobial Stewardship](#)

[Antimicrobial Restriction Category Risk](#)

References









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Trimethoprim with sulfamethoxazole

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