



MONOGRAPH

Ceftazidime with avibactam Monograph - Paediatric

Scope (Staff):	Medical, Pharmacy, Nursing
Scope (Area):	All Clinical Areas

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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

QUICKLINKS

Dosage/Dosage Adjustments	Administration	Compatibility	Monitoring
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DRUG CLASS

Combination broad-spectrum cephalosporin antibiotic with a beta-lactamase inhibitor.⁽¹⁾

INDICATIONS AND RESTRICTIONS

IV: Restricted (red) antibiotic

ChAMP approval is required prior to prescription.

Ceftazidime with avibactam is reserved as treatment for proven multi-resistant infection where no other antimicrobials are appropriate.

CONTRAINDICATIONS

- Hypersensitivity to ceftazidime, avibactam, or any component of the formulation or patients with a history of [high risk allergy](#) to cephalosporins.⁽¹⁻⁵⁾

PRECAUTIONS

- Use with caution in patients with confirmed aztreonam allergy, as cross-reactivity may occur.⁽¹⁾
- Ceftazidime with avibactam may be prescribed in selected patients with high risk allergy to another Beta-lactam sub-class (e.g. some penicillins, carbapenems) in discussion with immunology.
- Each 2 gram vial contains approximately 6.37mmol of sodium.^(1, 6)

FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- Ceftazidime/ avibactam 2 gram/500 mg vials

Imprest location: [Formulary One](#)

DOSAGE & DOSAGE ADJUSTMENTS

All doses are expressed as and should be prescribed as the ceftazidime component

Neonates and children under 3 months old: Not routinely used in this age group. Doses of 30 mg/kg/dose given 8 hourly have been used.⁽⁵⁾ Contact Infectious Diseases for advice.

Infants \geq 3 months to < 6 months:

- 40 mg/kg/dose given 8 hourly ^(4, 6, 7)

Children and adolescents \geq 6 months:

- 50 mg/kg/dose (to a maximum of 2 grams ceftazidime component) given 8 hourly.^(4, 6, 7)

Dosing in Overweight and Obese Children: Dose based on measured body weight.⁽⁸⁾

Renal impairment:

- [eGFR calculator](#)

Children < 2 years:

Consider alternative agents in severe renal impairment. There is insufficient information regarding dosing for patients in this age group with a creatinine clearance of <16 mL/minute/1.73 m².^(4, 9)

Age	eGFR (mL/minute/1.73m ²)	Dose adjustment
≥ 3 to < 6 months	≥ 50 mL/minute/1.73m ²	No dosage adjustment required.
	31 to 50 mL/minute/1.73m ²	20 mg/kg/dose (to a maximum of 1 gram ceftazidime component) 8 hourly
	16 to 30 mL/minute/1.73m ²	15 mg/kg/dose (to a maximum of 750mg ceftazidime component) 12 hourly
	≤ 16 mL/minute/1.73m ²	Consider alternative agents
≥ 6 month to < 2 years	≥ 50 mL/minute/1.73m ²	No dosage adjustment required.
	31 to 50 mL/minute/1.73m ²	25 mg/kg/dose (to a maximum of 1 gram ceftazidime component) 8 hourly
	16 to 30 mL/minute/1.73m ²	19 mg/kg/dose (to a maximum of 750 mg ceftazidime component) 12 hourly
	≤ 16 mL/minute/1.73m ²	Consider alternative agents

- Children and adolescents ≥ 2 years^(6, 9)

eGFR	Dose adjustment
≥ 50 mL/minute/1.73 m ²	No dosage adjustment required.
31 to 50 mL/minute/1.73 m ²	25 mg/kg/dose (to a maximum of 1 gram ceftazidime component) 8 hourly
16 to 30 mL/minute/1.73 m ²	19 mg/kg/dose (to a maximum of 750 mg ceftazidime component) 12 hourly
6 to 15 mL/minute/1.73 m ²	19 mg/kg/dose (to a maximum of 750 mg ceftazidime component) 24 hourly
≤ 5 mL/minute/1.73 m ²	19 mg/kg/dose (to a maximum of 750 mg ceftazidime component) 48 hourly

Hepatic impairment:

- No dosage adjustments are required.^(4, 6, 9)

RECONSTITUTION & ADMINISTRATION**Reconstitution**

- Reconstitute the 2 gram vial with 10 mL of water for injections to create a ceftazidime concentration of 167.3 mg/mL. Once reconstituted, further dilution should occur within 30 minutes.^(2, 4, 6)
- Reconstitution may take up to 4 minutes and the manufacturer recommends using an airway needle to relieve pressure from the vial and prevent product loss.^(2, 6)
- Powder volume is 1.95 mL⁽²⁾

Administration

- Dilute the required dose to a final ceftazidime concentration of 8 to 40 mg/mL and infuse over 2 hours.^(2-4, 6, 7, 9)
- Extended infusion times may be optimal for patients with critical infections. Discuss with Infectious Diseases.⁽⁵⁾

COMPATIBILITY (LIST IS NOT EXHAUSTIVE)**Compatible fluids:**

- Glucose 5%
- Hartmann's
- Sodium chloride 0.9%
- Sodium chloride 0.45% with glucose 2.5%⁽²⁻⁴⁾

Compatible at Y-site:

[Compatibilities of IV drugs](#) must be checked when two or more drugs are given concurrently.

MONITORING

- Monitor renal, hepatic and haematological function at least weekly throughout therapy in patients on prolonged therapy longer than 10 days. Patients with renal impairment should have more frequent monitoring and assessment for signs of neurotoxicity.^(1, 4)

ADVERSE EFFECTS

Common: diarrhoea, nausea, abdominal pain, vomiting, pain and inflammation at the injection site, rash, pruritis, headache, dizziness, allergy, *Clostridioides difficile*-associated disease, thrombocytosis, eosinophilia, leucopenia, thrombocytopenia.^(1, 3, 4)

Infrequent: neutropenia, paraesthesia, anaphylactic reaction, angioedema, acute kidney injury, altered taste.⁽³⁾

Rare: neurotoxicity (especially with high doses and/or renal impairment), bleeding, renal impairment, blood dyscrasias, jaundice.^(1, 4)

STORAGE

- Store vials below 30°C and protect from light.⁽⁶⁾

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

Please note: The information contained in this guideline is to assist with the preparation and administration of **ceftazidime with avibactam**. Any variations to the doses recommended should be clarified with the prescriber prior to administration

Related CAHS internal policies, procedures and guidelines

[Children's Antimicrobial Management Program \(health.wa.gov.au\)](http://health.wa.gov.au)

[ChAMP Empiric Guidelines and Monographs](#)

[KEMH Neonatal Medication Protocols](#)

References

1. Australian Medicines Handbook. Adelaide, S. Aust.: Australian Medicines Handbook; 2024 [cited 2024 3rd October]. Available from: <https://amhonline-amh-net-au.pklibresources.health.wa.gov.au/>.
2. Symons K. Wong Ee. Australian injectable drugs handbook. Abbotsford: The Society of Hospital Pharmacists of Australia; 2023.
3. Paediatric Formulary Committee. BNF for Children: 2024. London: BMJ Group Pharmaceutical Press; 2024.
4. Clinical Pharmacology powered by ClinicalKey [Internet]. Elsevier. 2024 [cited 2024 December 3rd]. Available from: <https://www-clinicalkey-com.pklibresources.health.wa.gov.au/pharmacology/>.
5. Up To Date - Paediatric Drug information [Internet]. Lexicomp. 2024 [cited 2024 December 3rd]. Available from: <https://www-uptodate-com.pklibresources.health.wa.gov.au/contents/table-of-contents/drug-information/pediatric-drug-information>.
6. AusDI [Internet]. Health Communication Network Pty Ltd. 2024 [cited 2024 December 3rd].
7. Royal Australian College of General Practitioners, Pharmaceutical Society of Australia, Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists. AMH: Children's Dosing Companion. Adelaide: Australian Medicines Handbook Pty Ltd; 2022.
8. Kendrick JG, Carr RR, Ensom MH. Pediatric Obesity: Pharmacokinetics and Implications for Drug Dosing. Clin Ther. 2015;37(9):1897-923.
9. Electronic Medicines Compendium (emc). Surrey: DataPharm Ltd; 2024.

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File Path:	W:\Paediatrics\PMH\ChAMP\Monographs\FINALISED\00 Current version 00		
Document Owner:	Head of Department – Infectious Diseases		
Reviewer / Team:	Children's Antimicrobial Management Program Pharmacist		
Date First Issued:	December 2021	Last Reviewed:	December 2024
Amendment Dates:	December 2024	Next Review Date:	January 2028
Approved by:	Medication Safety Committee	Date:	January 2025
Endorsed by:	Drugs and Therapeutics Committee	Date:	January 2025
Aboriginal Impact Statement and Declaration (ISD)	Date ISD approved		31/08/2023
Standards Applicable:	NSQHS Standards:    NSMHS: N/A Child Safe Standards: N/A		

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