

Children's Antimicrobial Management Program (ChAMP)

MONOGRAPH

Cefazolin 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	<u>Compatibility</u>	Monitoring			
DRUG CLASS						
Moderate spectrum cepha	alosporin. ⁽¹⁾					
INDICATIONS AND RESTRICTIONS						
 Cefazolin is commonly used in surgical prophylaxis.⁽²⁾ Cefazolin is indicated in the treatment of Staphylococcal and Streptococcal infections.⁽¹⁾ Oral: Unrestricted (green) antibiotic This is not a restricted agent. Follow standard ChAMP guidelines where appropriate. 						
CONTRAINDICATIONS						
 Hypersensitivity to cefazolin or any component of the formulation, or patients with a history of high <u>risk allergy</u> to cephalosporins.^(1, 3, 4) 						
PRECAUTIONS						
Cefazolin 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. ^(1, 3)						
 In patients with a previous rash [>1hr after initial e subsequent reaction is 	evious <u>low risk reaction</u> to cefazolin or another cephalosporin (delayed al exposure] without mucosal or systemic involvement) the risk of n is low. Re-challenge may be acceptable in discussion with immunology. ⁽¹⁾					

- Dose reduction may be required in renal impairment. Renal dysfunction increases the risk of neurotoxicity with high doses.⁽¹⁾
- Rapid infusion of high doses can result in seizures, the risk of this is further increased in patients with renal impairment.⁽¹⁾
- Each 1gram vial contains 48.3mg (2.1mmol) of sodium.^(1, 5)

FORMULATIONS

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

• 1gram powder for injection vial

Imprest location: Formulary One

DOSAGE & DOSAGE ADJUSTMENTS

Neonates: Refer to Neonatal Medication Protocols

IV (≥4 weeks to 18 years):

- Usual dose: 25mg/kg/dose (to a maximum of 2grams) 8 hourly.^(1, 2, 6)
- Severe infections (including bone/joint infections): 50mg/kg/dose (to a maximum of 2grams) 8 hourly.^(1, 2, 6)
- Surgical prophylaxis (other than cardiac surgery): 30mg/kg (to a maximum of 2grams) as a single dose given within 0 to 60minutes of surgical incision. If the surgery is longer than 3 hours, repeat the dose intraoperatively at 3 hours.^(2, 6)
- **Cardiac Surgery:** 30mg/kg (to a maximum of 2grams) given within 0 to 60minutes of surgical incision. If the surgery is longer than 3 hours, repeat the dose intraoperatively at 3 hours. Continue the same dose 8 hourly for a total of 24 hours.⁽²⁾

Dosing in Overweight and Obese Children:

- Dose based on measured body weight.⁽⁷⁾
- Patients >120kg may require a higher dose cap of 3grams for surgical prophylaxis.⁽¹⁾

Renal impairment:

- eGFR calculator
- Note: For a single dose for surgical prophylaxis, dose adjustment is not required.
- eGFR ≥50mL/minute: normal dosing
- eGFR ≥30 to <50mL/minute: 100% dose given 12 hourly
- eGFR ≥10 to <30mL/minute: 100% dose given 24 hourly
- eGFR <10mL/minute: 100% dose given 48 hourly.⁽⁸⁾

Hepatic impairment:

• No dosage adjustment is required in hepatic impairment.⁽³⁾

RECONSTITUTION & ADMINISTRATION

• Reconstitute each vial with the volume of water for injection in the table below. Further dilution with a compatible fluid may be required.⁽⁵⁾

Vial strength	Volume of water for injection required ^(5, 9)	Resulting concentration	
500mg (AFT brand)	4.8mL (powder volume 0.2mL)	100mg/mL	
1 gram (AFT, Alphapharm and Kefzol)	9.5mL (powder volume 0.5mL)	100mg/mL	
2 grams (Alphapharm brand)	19mL (powder volume 1mL)	100mg/mL	

IV injection:

• Dilute to a final concentration of 100mg/mL or weaker with water for injection and give via slow intravenous injection over 3 to 5 minutes.^(5, 8)

IV infusion:

• Dilute to a final concentration of between 5mg/mL and 20mg/mL with a compatible fluid and infuse over 10 to 60 minutes.^(5, 8, 10)

Continuous infusion:

• May be given over 24 hours by continuous <u>Baxter[™] infusion</u>.⁽⁵⁾

COMPATIBILITY (LIST IS NOT EXHAUSTIVE)

Compatible fluids:

- Glucose 5% and 10%
- Glucose/sodium chloride solutions
- Sodium chloride 0.9%
- Hartmann's
- Ringers⁽⁵⁾

Compatible at Y-site:

Compatibilities of IV drugs must be checked when two or more drugs are given concurrently.

MONITORING

• Renal, hepatic and haematological function should be monitored weekly with prolonged therapy (i.e. longer than 7 days).^(1, 3, 8)

ADVERSE EFFECTS

Common: diarrhoea, nausea, vomiting, abdominal pain, reduced appetite, eosinophilia, leucopenia, pain and inflammation at injection site, rash, headache, dizziness, *Clostridioides difficile*-associated disease.^(1, 11)

Infrequent: anaphylactic reaction, angioedema⁽¹¹⁾

Rare: neurotoxicity (e.g. confusion, seizures, encephalopathy) particularly with high doses and/or renal impairment, blood dyscrasias (e.g. neutropenia, thrombocytopenia, agranulocytosis), renal impairment, severe cutaneous adverse reactions (SCARs).^(1, 11)

STORAGE

- Store the powder for injection vial below 25°C and protect from light.⁽⁵⁾
- Products prepared by Pharmacy Compounding Service (PCS) should be stored between 2°C and 8°C.⁽⁵⁾
- Small crystals may form when the solution is refrigerated any crystals should be redissolved by shaking the vial and warming the vial in hands.⁽⁵⁾

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. <u>Clinical Pharmacology</u>), 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 **cefazolin. Any variations to the doses recommended should be clarified with the prescriber prior to administration**

Related CAHS internal policies, procedures and guidelines

Antimicrobial Stewardship Policy

ChAMP Empiric Guidelines and Monographs

KEMH Neonatal Medication Protocols

References

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