# cefOTAXIME

# **Newborn use only**

Alert	High risk medicine. The Antimicrobial Stewardship Team recommends this drug is listed under the				
Indication	following category: Restricted.  As part of therapy for suspected meningitis.				
indication	, , , , , , , , , , , , , , , , , , , ,		- Faal: II		
	Treatment of proven meningitis and sepsis caused by susceptible organisms (e.g., E.coli, H.				
	influenzae, Klebsiella spp.).  Bactericidal agent which inhibits cell wall synthesis in susceptible bacteria.				
Action	· · · · · · · · · · · · · · · · · · ·	•	nat Dagudanaana		
	Broad spectrum against gram positive and many gram neg	ative organisms but	not <i>Pseudomonas</i>		
	species.				
Drug type	Cephalosporin antibiotic.				
Trade name	Cefotaxime Sandoz, DBL Cefotaxime Sodium				
Presentation	500 mg and 1 g vial				
Dose	50 mg/kg/dose.				
	Corrected Gestational Age/Postmenstrual Age	Postnatal Age	Interval		
	< 30 <sup>+0</sup> weeks	0–28 days	12 hourly		
	< 30 <sup>+0</sup> weeks	≥29 days	8 hourly		
	30 <sup>+0</sup> –36 <sup>+6</sup> weeks	0–14 days	12 hourly		
	30 <sup>+0</sup> –36 <sup>+6</sup> weeks	≥15 days	8 hourly		
	≥ 37 <sup>+0</sup> weeks	0–7 days	8 hourly		
	≥ 37 weeks	≥8 days	6 hourly		
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Dose adjustment  Maximum dose					
Total cumulative dose					
Route	IV				
Preparation	IM IV				
	Add 9.8 mL of water for injection to the <b>500 mg powder</b> to make a 50 mg/mL solution OR Add 9.6 mL of water for injection to the <b>1 g powder</b> to make a 100 mg/mL solution.				
	IM injection				
	Add 2 mL of water for injection to the <b>500 mg powder</b> to make a 230 mg/mL solution OR				
	Add 3 mL of water for injection to the <b>1 g powder</b> to make a 300 mg/mL solution.				
Administration	IV bolus: over 3–5 minutes.				
	IV infusion: over 15–30 minutes				
	IM injection: Inject deep into the large muscle.				
Monitoring	Cefotaxime has a high therapeutic index.				
	Consider monitoring renal function, blood count and electrolytes if therapy is prolonged.				
Contraindications	Hypersensitivity to cefotaxime or other cephalosporins or previous history of major allergic response to a penicillin.				
Precautions	Liver and renal disease.				
	Sodium restriction – cefotaxime contains 48.2 mg/g (2.1 mmol/g) sodium.				
Drug interactions	May potentiate the renal toxicity of nephrotoxic drugs.				
	Should not be combined with bacteriostatic antibiotics (e.g., tetracycline, erythromycin or				
	chloramphenicol) since there may be a potential antagonistic effect.				
Adverse reactions	Leucopaenia, granulocytopaenia, agranulocytosis.				
	Moderate and transient rise in liver enzymes and/or bilirubin.				
	Hypersensitivity reactions.				
	Arrhythmias have occurred in patients who received rapid IV administration through a central				
	1	IV administration th	rough a central		
	1	IV administration th	rough a central		
	Arrhythmias have occurred in patients who received rapid venous catheter.	IV administration th	rough a central		
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ANMF consensus group JHCH\_NICU\_19.055

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	Y site: Amino acid solutions, aciclovir, amifostine, aztreonam, bivalirudin, dexmedetomidine, granisetron, hydromorphone, magnesium sulfate, midazolam, morphine sulfate, pethidine, remifentanil, tigecycline.
Incompatibility	Fluids: Alkaline solutions e.g., containing sodium bicarbonate.
	Y site: Aminoglycosides – amikacin, gentamicin, tobramycin; azathioprine, azithromycin, caspofungin, chloramphenicol, chlorpromazine, dobutamine, dolasetron, filgrastim, fluconazole, ganciclovir, haloperidol lactate, hydralazine, labetalol, methylprednisolone sodium succinate, mycophenolate mofetil, pentamidine, phenobarbitone, phentolamine, promethazine, protamine, sodium bicarbonate, vecuronium.
Stability	Reconstituted solution is stable for 24 hours at 2 to 8 °C. Protect from light.  Do not use if powder or solutions have darkened in colour.
Storage	Store below 25°C Protect from light.
Excipients	
Special comments	The main metabolite of cefotaxime is desacetylcefotaxime. This metabolite is active and is thought to enhance activity against Gram negative organisms. It has a longer half-life than cefotaxime. The major route of clearance of both cefotaxime and desacetylcefotaxime is renal.
Evidence	Refer to full version.
Practice points	
References	Refer to full version.

VERSION/NUMBER	DATE	
Original 1.1	08/08/2015	
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