John Hunter Children's Hospital Drug Prescribing



Piperacillin/tazobactam – Paediatric		
Areas where Guideline applicable	All paediatric wards (H1, J1, J2)	
Areas where Guideline not applicable	Adult wards, NICU	
Keywords	Tazocin®, piperacillin, tazobactam, paediatrics, protocol, guideline, administration, drug, medication	
Authorised Prescribers:	Registered medical officers	
Indication for use	Empiric treatment following accepted guidelines or directed treatment of Infections caused by susceptible organisms	
	GUIDANCE REGISTRATION REQUIRED WHEN PRESCRIBED	
	THIS IS A RESTRICTED ANTIBIOTIC	
	Guidance MS® registration must be done at the time of prescribing and the registration number entered in Medchart	
Clinical condition	Febrile neutropenia	
	Cystic fibrosis, acute exacerbation	
	Directed treatment on advice of Infectious Diseases or Microbiology	
Contraindications	 Immediate hypersensitivity to any penicillin (such as anaphylaxis, however, consider avoiding in any allergic reaction to a penicillin) 	
	Severe or life-threatening hypersensitivity reaction to any cephalosporin or carbapenem due to potential cross-reactivity	
Precautions	History of jaundice and/or hepatic dysfunction from piperacillin with tazobactam, ticarcillin with clavulanic acid, or amoxicillin with clavulanic acid	
	Non-immediate hypersensitivity to penicillins or history of a mild adverse drug event with a penicillin	
	Renal impairment – bleeding abnormalities more likely. Monitor renal function with prolonged use	
	Sodium restriction, heart failure – contains approximately; 64 mg sodium per gram piperacillin (Tazocin EF®)	
	54 mg sodium per gram piperacillin (PiperTaz Sandoz®, Tazopip®)	
	Coagulation disorder – increases risk of bleeding abnormalities	
	Seizures may occur with high doses	
	May cause hypokalaemia. Monitor electrolytes in patients with low potassium reserves and/or who are receiving cytotoxic therapy or diuretics.	
	Does not penetrate CSF and not recommended for meningitis	

Dosage	ual dose: - 100 mg/kg/dose of piperacillin every EIGHT hours (to a maximum of 4g piperacillin) te: dose should be prescribed and calculated on piperacillin component. dorsing this on the prescription will reduce confusion.
	ration is guided by the severity of infection and the patient's clinical and cteriological progress.
1.	Reconstitute with 17mL of diluent (sodium chloride 0.9% or water for injection) to produce 200 mg/mL piperacillin solution, total volume = 20 mL
Administration instructions 2.	Further dilute dose to 20 mg/mL of piperacillin for infusion. Suitable diluents include glucose 5%, sodium chloride 0.9%. Note: ONLY Tazocin EF® is compatible with Hartmann's
3.	Intravenous infusion over 30 minutes*
	proven pseudomonal infection, infuse over TWO hours (as per spiratory and oncology medical teams)
ma	onitor patient for clinical signs of improvement such as fever and biological arkers of infection
	onitor renal function and serum electrolytes, complete blood count and liver action; especially patients on prolonged courses
Management of complications •	Hypersensitivity reactions – seek medical officer for review of patient or rapid response as clinical symptoms dictate
•	Piperacillin should be separated from aminoglycoside antibiotics by ONE hour. If unable to separate doses or for first dose in septic patients, flush the line well with sodium chloride 0.9% before and after each medication
Important Drug Interactions	Probenecid produces a longer half-life and lower renal clearance of piperacillin and tazobactam
•	Methotrexate excretion is reduced by penicillins
•	Non-depolarising neuromuscular blockers – activity may be prolonged by piperacillin
•	Anticoagulants – piperacillin/tazobactam may reduce clotting potential.
Au	stralian Injectable Drug Handbook 7 th Edition SHPA Collingwood 3066
Pa	ediatric Injectable Medicines Handbook. Westmead Kids, accessed 3/7/19
	peracillin and tazobactam (PipTaz-AFT) Product Information. AFT armaceuticals 22/11/17
	stralian Medicines Handbook (AMH) Online version. Accessed via CIAP 7/19.
	W Health GL2015_013 Initial management of fever/suspected sepsis in cology/transplant patients
Groups consulted in development of Ph	armacy, Infectious Diseases, Paediatrics
this guideline	

AUTHORISATION		
Author (Name)	Michelle Jenkins	
Position	Senior Pharmacist, paediatrics	
Department	Pharmacy JHH	
Department Contact (for ongoing maintenance of Guideline)	Ph 02 49213635	

	Title of Drug Prescribing Guideline and Number		
GOVERNANCE			
Expiry date: (24 months from date of original approval)	06/08/2020		
Ratification date by JHH Quality Use of Medicines Committee	08/08/2019		
Validation			
Chairperson, JHH Quality Use of Medicines Committee	Signature Name R Pickles Date _08/08/19		
Process for removal of previous version of Guideline completed	Signature C Askie Name: Askie Date 09/09/19 (designated authority)		
Approved Guideline distributed#	Signature C Askie Name: Askie Date 09/09/19 (designated authority)		
*Note Guideline must be distributed in a format which prevents modification e.g., PDF file			
Location	JHCH		
Guideline Number	13.2		
Version Number	3		