CefTRIAXone Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- **If documented immediate, or severe delayed hypersensitivity reaction to penicillin**: **DO NOT GIVE THIS DRUG**
- **Reserve antimicrobial:** Restricted for indications in the antimicrobial prescribing guidelines, or following approval by microbiology/infectious diseases
- **Calcium-containing solutions (including TPN, Hartmann's solution) are NOT compatible with ceftriaxone**. Do NOT mix these two products. DO NOT give these two products to any patient **SIMULTANEOUSLY**. SEQUENTIAL administration IS PERMITTED in patients older than 28 days, provided
    - The infusion line is replaced or thoroughly flushed between infusions, **or**
    - The infusions are given via different infusion lines at different sites.
- **Renal impairment:** see under dose
- Do not use **Accu-Chek Compact** test strips or **Accu-Chek Mobile** tests throughout the duration of treatment with cefTRIAXone. This is because it may lead to **erroneously lowered** blood glucose readings [ref 1]

Available preparations

Ceftriaxone 1g vial

Rocephin 1g vial

Reconstitution

Water for injection

10mL per 1g vial

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusion (preferred route)

- Add 2g dose to 100mL infusion fluid and give over at least **30 minutes**
- If 4g dose being used - see Injectable Drugs guide on Medusa website for details on administration (but this dose is not used routinely in GUH)
- A 50mL infusion may be used for 2g dose if required (eg fluid restriction) but the residual volume in the infusion line must be flushed through at the same rate to avoid significant under-dosing. It will also be necessary to remove 20mL from the infusion bag first to ensure there is enough space for the drug solution to be added

Slow intravenous injection (may only be used for doses of 2g or less [ref 2])

- Administer over 5 minutes, preferably using a large vein

Intramuscular injection- see further information

Dose in adults

Usual dose

- Give 2g once daily

Suspected bacterial meningitis or Suspected meningococcaemia (without features of meningitis) [ref 3]

- Give 2g every twelve hours

Intramuscular indications and doses- see GAPP app

Renal impairment [ref 3]

- No dose adjustment needed **unless** eGFR less than 10ml/minute/1.73m^2
- If eGFR is less than 10ml/min/1.73m^2
    - Usual **maximum of 2g** daily
    - **Meningitis only:** 2g bd (but to be discussed with Micro/ID)
- If hepatic impairment also- see section below

Patients with severe hepatic and renal impairment

- In patients with both severe renal and hepatic dysfunction, close clinical monitoring for safety and efficacy is advised
- If **severe renal impairment and if hepatic function is also impaired**: max 2g once daily [ref 3]

Further information

- May also be given by deep **intramuscular injection**
    - Reconstitute 1g with 3.5mL Lignocaine 1%.
    - For intramuscular doses - see GAPP app
    - Doses greater than 1g should be divided and injected at more than one site
    - **Safety check:** when prepared in this way, it may **ONLY** be administered by the **INTRAMUSCULAR** route

Storage

- Store below 25^{0}C

References

SPC (Rocephin) 16/04/2024

1: Information on file from Roche 2016

2: Injectable medicines guide, downloaded from Medusa February 2025

3: GUH antimicrobial guidelines (GAPP)

Therapeutic classification

- Cephalosporin antibiotic