CefoTAXime 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**
- See under 'Dose' for adjustments required in **renal** impairment
- **Reserve antimicrobial:** Restricted to indications in the antimicrobial prescribing guidelines, or following approval by microbiology/infectious diseases

Available preparations

Cefotaxime 500mg vial

Cefotaxime 1g vial (Claforan)

Reconstitution

Water for injection

2ml per 500mg vial

4ml per 1g vial

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Slow intravenous injection

- Administer over 3 to 5 minutes
- Note: potentially life-threatening arrhythmia has been reported in a very few patients who received **rapid intravenous** administration of cefotaxime through a central venous catheter

Intermittent intravenous infusion

- Add required dose to 100ml infusion fluid and administer over 20 to 60 minutes
- A 50ml infusion may be used if required (eg fluid restriction) but the residual volume in the

infusion line must be flushed through at the same rate to avoid significant underdosing

Dose in adults

Mild to moderate infections

- Give 1g every twelve hours

Severe infections

- Dosage may be increased up to 12g daily, given in three to four divided doses

Renal Impairment (no dosage adjustment is needed unless eGFR less than 5ml/minute/1.73m2) (ref 1)

eGFR (ml/min/1.73m^2)	Dose	Frequency
Greater than 5	Usual dose	
Less than 5	Reduce dose by 50%	Keep frequency the same For severe/life-threatening contact Micro/ID Reduce dose further if concurrent hepatic and renal failure.

Storage

- Store below 25^{0}C

References

Claforan SPC May 2024

1: GUH antimicrobial guidelines

Therapeutic classification

Cephalosporin antibiotic