Aztreonam/Avibactam Intravenous Infusion for Adults

Who can administer

May be administered by competent doctor or nurse/midwife

Important information

- Red-light antimicrobial: require pre - authorisation by Microbiology or ID prior to use 24 hours / 7 days a week
- Use withÂ **caution in patients who have experienced a reaction to ceftazidime**Â (as the aztreonam and ceftazadime share a side chain)Â [(ref 1)]
- See under Dose for adjustments required in Renal impairment
- Dosing is based on the sum of the individual components - one vial contains aztreonam 1.5g and avibactam 0.5g

Available preparations

Emblaveo: Aztreonam 1.5g and Avibactam 0.5g per vial

Reconstitution

Water for injection

- 10mL per 1.5g/0.5g vial
- Shake gently to dissolve

Dilute further prior to administration

The product must be added to the infusion fluid within 30 minutes of reconstitution

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

- Add required dose (see table below) to infusion bag and administer over 3 hours

Required Dose	Volume of reconstituted solution prior to addition to infusion bag	Volume of infusion bag

2g/0.67g	15.2mLÂ (requires the contents of a partial second vial)	100 to 250ml
1.5g/0.5g	11.4mL	100 to 250ml
1.35g/0.45g	10.3mL	100 to 250ml
1g/0.33g	7.6mL	100 to 250ml
0.75g/0.25g	5.7mL	100 to 250ml
0.675g/0.225g	5.1mL	100 to 250ml

• The volume of infusion (100 to 250ml) is selected based on the clinical condition/fluid requirements of the patient
• **Note:**Â 50ml infusion may be used if required for all doses (e.g. 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

Loading dose

- Give 2g/0.67g as a single dose, followed by maintenance dose

Maintenance dose (beginning at the next dosing interval)

- Give 1.5g/0.5g every 6 hours

Duration of treatment

- Determined by Microbiology/ID

Renal impairment

Creatinine clearance	Loading	Maintenance	Dosing interval
>50mL/min	Usual dose	Usual dose	Every 6 hours
31 to 50mL/min	2g/0.67g	0.75g/0.25g	Every 6 hours
16 to 30mL/min	1.35g/0.45g	0.675g/0.225g	Every 8 hours
15mL/min or less	Not recommended, unless on haemodialysis		
On intermittent haemodialysis	1g/0.33g	0.675g/0.225g	Every 12 hours

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Monitoring

- Monitor renal function in patients with existing renal impairment [ref 2]
- Monitor liver functionÂ in patients with existing hepatic impairmentÂ [ref 2]

Storage

Store between 2 and 8^{0}C

References

SPC; Downloaded from EMEA 07/10/2025

1: Crossreactivity of Betalactam antibioticsChristopher W James, Cheryle Gurk-Turner, Proc (Bayl Univ Med Cent). 2001 Jan;14(1):106-107

2: Injectable Medicines Guide, downloaded from Medusa 07/10/2025