Rifampicin Intravenous Infusion for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- See **monitoring** requirements - see below
- There are numerous important **interactions** - check current BNF
- See under 'Dose' for adjustments required in **renal** impairment

Available preparations

Rifadin 600mg vial

Reconstitution

Solvent provided

- 10mL solvent per 600mg vial
- Swirl vial gently to completely dissolve powder
- The solution is red in colour

Dilute further prior to administration

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusion

- Add required dose to 500mL infusion fluid and administer over 2 to 3 hours
- Fluid restricted (use a large vein): 600mg in 100mL infusion fluid over 30 minutes (unlicensed). This solution is less stable, watch closely for precipitation [ref 1]

Dose in adults

Tuberculosis, in combination with other anti-tuberculous drugs

- Give 8 to 12mg/kg (to a maximum of 600mg [ref 3]) as a single daily dose

- A reduced dose (e.g. 8mg per kg daily) is recommended in elderly or frail patients

Non-tuberculous infections (for example: Brucellosis, Legionnaires disease, endocarditis and serious staphylococcal infections (in combination with other drugs)

- For patients over 50kg: Give 450mg twice daily, or 300mg three times daily

Hepatic impairment

- A daily dose of 8mg/kg should not be exceeded in patients with impaired liver function

Renal impairment [ref 2]

- If eGFR less than 30mL/min/1.73m^2
  - Tuberculosis: Usual dose [ref 4]
  - Other infections: use 50 to 100% of dose. Use doses >600mg with caution
- There is no increase in half-life in severe renal impairment for doses less than 600mg daily

Monitoring

- Monitor baseline **LFTs, FBC and platelets.** Monitor Bilirubin, serum creatinine
- Hypersensitivity phenomena may occur (affecting platelets, vascular tissues and renal function)
- Anaphylaxis may occur, especially with intermittent therapy (e.g.two to three times weekly dosing)
- If hepatic impairment, use with caution. Use lower doses and monitor LFTs every two to four weeks during therapy

Further information

- **Avoid extravasation** during injection; local irritation and inflammation due to extravascular infiltration of the infusion have been observed. If these occur, the infusion should be discontinued and restarted at another site
- May cause red discolouration of urine, sweat, sputum and tears
- Consider IV to oral switch as soon as possible as excellent bioavailability

Storage

- Store below 25^{0}C
- The prepared infusion bag must be used within 6 hours

References

SPC September 2024

1. Injectable Medicines Administration Guide Medusa, downloaded 08/05/2025

2. Renal Drug Database accessed online 08/05/2025

3. Martindale- accessed online via Medicines complete 20/05/2025

4. GAPP app- -accessed 20/05/2025

Therapeutic classification

Antibiotic