Clarithromycin Intravenous Infusion for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- For administration by **intravenous infusion only**
- There are important **interactions** with numerous drugs e.g. **statins** - check current BNF
- May cause **QTc** prolongation
- See under 'Dose' for adjustments required in renal impairment
- Consider **intravenous to oral** switch as soon as possible as excellent bioavailability - use same dose orally as intravenously

Available preparations

Klacid 500mg vial

Clarithromycin 500mg vial

Reconstitution

Water for injection

- 10mL per 500mg vial

Dilute further prior to administration

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusion (using an electronically controlled infusion device- due to risk of thrombophlebitis)

- Add to **250mL** infusion fluid and administer over 60 minutes
- Administer through a **large peripheral vein** [ref 4]
- **Central line -** 5mg/mL [ref 1] if fluid overload is a greater risk to the patient than

thrombophlebitis (must still be given over 60 minutes). e.g. 500mg in 100mL over 60 minutes

Dose in adults

Usual dose

- Give 500mg every 12 hours

Renal impairment (ref 2,3)

eGFR (mL/minute/1.73m^2)	Dose	Frequency
less than 30	250 to 500mg (for severe infection, use high end of dose range)	every 12 hours

Hepatic impairment

- Caution in hepatic impairment
- Avoid in severe hepatic impairment if renal impairment is also present

Storage

- Store below 25^{0}C

References

Klacid SPC August 2024

1. "Critical Care Group: Minimum Infusion Volumes for fluid restricted critically ill patients". 2014. United Kingdom Clinical Pharmacy Association. www.ukcpa.org.uk

2. Renal drug database accessed online Jan 2025

3GUH antimicrobial guidelines

4. Injectable medicines guide, downloaded from Medusa 12/02/2025

Search term: Klacid

Therapeutic classification

Macrolide antibiotic