cefaZOLin

1g injection

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

cephaZOLin

Dose and Indications

1g = 1000mg

Infection due to susceptible organisms

Intravenous and intramuscular

Postnatal age (days)	Weight (kg)	Dose (mg/kg)	Frequency (hours)
≤ 7	≤ 2	25	12
	> 2	50	12
> 7	≤ 2	25	8
	> 2	50	8

Length of treatment should be guided by pathology and clinical picture.

Preparation and Administration

> Solutions of cefaZOLin sodium reconstituted with sodium chloride 0.9% (rather than water for injection) may form crystals. For this reason, water for injection is the preferred diluent
> The crystals can be dissolved by hand warming the vials and the clear solution will then be suitable for use.

Intravenous

Vial Strength (mg)	Volume of Water for Injection to add (mL)	Final Concentration of cefaZOLin (mg/mL)
1000mg	9.5mL	100mg/mL

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.25mL	0.5mL	0.75mL	1mL	1.25mL	1.5mL

Administer as a push over at least 3 minutes.

Alternatively, dose may be further diluted to a concentration of 20mg/mL with compatible fluid and infused over 30 minutes.

Intramuscular

Vial Strength (mg)	Volume of Water for Injection to add (mL)	Final Concentration of cefaZOLin (mg/mL)
1000mg	2.5mL	330mg/mL

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.075mL	0.15mL	0.23mL	0.3mL	0.38mL	0.45mL

Shake well and warm in hands to aid dissolution. Inspect the vial for **small crystals which may form. Redissolve by warming the vial in hands until the solution is clear.**

Inject deep into a large muscle.

Compatible Fluids

Glucose 5%, glucose 10%, glucose/sodium chloride solutions, sodium chloride 0.9%

Adverse Effects

Common

Diarrhoea, vomiting, pain and inflammation at injection site, rash, *Clostridium difficile*-associated disease, superinfection

Infrequent

Neurotoxicity (seizures, encephalopathy) particularly with high doses and/or renal impairment, blood dyscrasias, (neutropenia related to dose and treatment duration, thrombocytopenia)

Anaphylactic shock is not commonly seen in neonates

Monitoring

- Monitor renal function and complete blood count during prolonged therapy (>10 days)

Practice Points

- Refrigeration of reconstituted solutions may result in crystal formation

References

- De Cock RF, Smits A, Allegoert K, de Hoon J, Saegeman V, Danhof, Knibbe CA. 'Population pharmacokinetic modelling of total and unbound cefazolin plasma concentrations as a guide for dosing in preterm and term neonates'. Journal of Antimicrobial Chemotherapy, (2014), 69:1330-1338

Document Ownership & History

Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Contact: Health.NeoMed@sa.gov.au
Endorsed by: Commissioning and Performance, SA Health
Next review due: 28/03/2027
ISBN number: 978-1-76083-481-4
CGSQ reference: **NMG018**
Policy history: Is this a new policy (V1)? **N**
Does this policy amend or update and existing policy? **Y**
If so, which version? **V2.0**
Does this policy replace another policy with a different title? **N**
If so, which policy (title)?

Approval Date	Version	Who approved New/Revised Version	Reason for Change
28/3/2022	V3.0	Domain Custodian, Clinical Governance, Safety and Quality	Formal Review
9/11/2017	V2.0	SA Health Safety and Quality Strategic Governance Committee	Complete Review
11/2012	V1.0	SA Maternal & Neonatal Clinical Network	Original SA Maternal & Neonatal Clinical Network approved version.