

# Flucloxacillin

## 500mg and 1000mg injection, oral mixture

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**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.

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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

Floxacillin

### Dose and Indications

#### Infection Due To Susceptible Gram Positive Organisms

##### Intravenous, Intramuscular

50mg/kg/dose

(100mg/kg/dose in staphylococcal osteomyelitis, meningitis or a cerebral abscess)

##### Oral

25mg/kg/dose

Corrected Age (weeks) [Gestational Age PLUS Postnatal Age]	Postnatal age (days)	Frequency (hours)
All (up to 44 weeks)	<7	every 12 hours
	7 to 20	every 8 hours
	≥ 21	every 6 hours

Infectious Disease (ID) advice should be sought for proven sepsis to guide duration of therapy.



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### Preparation and Administration

#### Intravenous

There are **TWO STEPS** to this process.

**STEP ONE:** Reconstitute the flucloxacillin vial according to the table.

Vial Strength (mg)	Volume of Water for Injection (WFI) to add (mL)	Final Concentration of flucloxacillin (mg/mL)
500mg	4.6mL	100mg/mL
1000mg	9.3mL	100mg/mL

**STEP TWO:** Further dilute 5mL of the 100mg/mL flucloxacillin solution with 5mL of compatible fluid (to a total volume of 10mL). The resulting solution contains 50mg/mL flucloxacillin.

#### Example calculation table:

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.5mL	1mL	1.5mL	2mL	2.5mL	3mL

Infuse over 30 minutes **or** administer as a bolus over 3-5 minutes.

**Flucloxacillin is an irritant therefore infusion is the preferred method of administration.**

Discard remaining solution

#### Oral

Oral doses should be given on an empty stomach, where possible.

#### Intramuscular

Vial Strength (mg)	Volume of WFI to add (mL)	Final Concentration of flucloxacillin (mg/mL)
500mg	1.6mL	250mg/mL
1000mg	3.3mL	250mg/mL

#### Example calculation table:

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.1mL	0.2mL	0.3mL	0.4mL	0.5mL	0.6mL

Discard remaining solution

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### Compatible Fluids

Glucose 5%, sodium chloride 0.9%

### Adverse Effects

#### Common

Diarrhoea, pain and inflammation at injection site, transient increases in liver enzymes and bilirubin

#### Infrequent

Vomiting, [Clostridium difficile -associated disease](#)

#### Rare

Black tongue, electrolyte disturbances, neurotoxicity, bleeding, blood dyscrasias, hepatic reactions, including severe cholestatic hepatitis (especially in treatment >2 weeks).

Anaphylactic shock is not commonly seen in the neonates

### Monitoring

- > Observe intravenous site for extravasations
- > Periodic liver function tests on long term therapy (>14 days).

### Practice Points

- > There have been reports of severe, delayed cholestatic jaundice in adults particularly after treatment for more than 2 weeks. While this has not been recognised with neonatal use, caution would be recommended in this population.

### References

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### Document Ownership & History

<b>Developed by:</b>	SA Maternal, Neonatal & Gynaecology Community of Practice
<b>Contact:</b>	<a href="mailto:Health.NeoMed@sa.gov.au">Health.NeoMed@sa.gov.au</a>
<b>Endorsed by:</b>	SA Health Safety and Quality Strategic Governance Committee
<b>Next review due:</b>	24 May 2023
<b>ISBN number:</b>	978-1-74243-921-1
<b>PDS reference:</b>	CG027
<b>Policy history:</b>	Is this a new policy (V1)? <b>N</b> Does this policy amend or update an existing policy? <b>Y</b> If so, which version? <b>V3</b> Does this policy replace another policy with a different title? <b>Y</b> If so, which policy (title)? <b>Flucloxacillin</b>

Approval Date	Version	Who approved New/Revised Version	Reason for Change
24/5/18	V4	SA Health Safety and Quality Strategic Governance Committee	Formally reviewed in line with 5 year scheduled timeline for review.
12/8/14	V3	SA Health Safety and Quality Strategic Governance Committee	Minor amendment
17/6/14	V2	SA Health Safety and Quality Strategic Governance Committee	Formally reviewed in line with 3 year scheduled timeline for review.
1/11/12	V1	SA Health Safety and Quality Strategic Governance Committee	Original SA Health Safety and Quality Strategic Governance Committee

