



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

acyclovir

Effective Date: Mar 2013

CLASSIFICATION

Antiviral

OTHER NAMES

Zovirax

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Revised Date: March 2024

ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse

IV Bolus - *Not recommended*

IM Injection - *Not recommended*

Subcutaneous - *Not recommended*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 50 mg/mL – 10 mL & 20 mL vial

IV Intermittent: Administer over 1 hour

Dose	Dose Preferred Diluent Volumes Bag size D5W (preferred) or NaCl 0.9%	Alternate Diluent Volumes Bag size (Fluid Restricted) D5W (preferred) or NaCl 0.9%
Up to 250mg	50mL	25mL
251mg to 500mg	100mL	50mL
501 to 1000mg	250mL	100mL

Maximum rate: Over 1 hour

Maximum concentration: 7 mg/mL
10mg/mL in fluid restricted patients

DOSAGE:

Usual: 5 to 15 mg/kg/dose IV every 8 hours for 5 to 10 days

Renal Impairment: CrCl 25 to 50 mL/minute: Administer usual recommended dose every 12 hours

CrCl 10 to 25 mL/minute: Administer usual recommended dose every 24 hours

CrCl less than 10 mL/minute: Administer 50% of usual recommended dose every 24 hours

Intermittent hemodialysis (IHD): Dialyzable (60% reduction following a 6-hour session): 2.5 to 5 mg/kg every 24 hours. **Note:** Dosing dependent on the assumption of 3 times weekly, complete IHD sessions. Administer after hemodialysis on dialysis days

Maximum single dose: 1000 mg

Maximum daily dose: 45 mg/kg/day

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature. Do NOT refrigerate.

Compatibility: Compatible with D5W, normal saline, Lactated Ringer's



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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Increased serum creatinine and BUN. Patients should be adequately hydrated when receiving IV acyclovir.
- Higher concentrations may produce phlebitis or inflammation at the injection site if extravasation occurs

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Refrigeration may cause a precipitate, but precipitate will dissolve at room temperature without affecting potency
- Dosage adjustment required in renal and hepatic dysfunction