



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

cefuroxime

Effective Date: May 2013

CLASSIFICATION

Antibiotic

OTHER NAMES

Zinacef

PAGE

1 of 1

Revised Date: Jan 12 2022

ADMINISTRATION POLICY:

IV Injection – May be administered by a nurse

IV Infusion – May be administered by a nurse **MINI-BAG PLUS COMPATIBLE**

IM Injection - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 750 mg vial:
Add 8 mL sterile water for injection
Final Volume: 8.3 mL Final Concentration: 90 mg/mL

IV Bolus: No further dilution required. Administer over 3 to 5 minutes

IV Intermittent: **MINI-BAG PLUS COMPATIBLE**
Dilute in 50 or 100 mL normal saline. For fluid restricted patients dilute dose in 20 mL normal saline. Administer over 20 to 60 minutes

IM Injection: 750 mg vial dilute with 3 mL sterile injection
Final Concentration: 225 mg/mL

Maximum Rate:	IV bolus:	1500 mg over 3 minutes
	IV Intermittent:	over 20 minutes
Maximum Concentration:	IV:	100 mg/mL
	IM:	225 mg/mL

DOSAGE:

Usual: 750 to 1500 mg IV every 8 hours

Maximum single dose: 1500 mg

Maximum daily dose: 4500 mg

STABILITY/COMPATIBILITY:

Stability of Reconstituted Solution: 24 hours at room temperature

Stability of Final Admixture: 24 hours at room temperature

Compatibility (PARTIAL LISTING ONLY): Compatible with D5W, normal saline, dextrose-saline solutions and Ringer's Lactate

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Contraindicated in patients allergic to cephalosporins
- Use cautiously in patients allergic to penicillin
- Hypersensitivity reactions including: rash, pruritus.
- Local reactions including phlebitis, pain.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dosage reduction is indicated in renal dysfunction.
- Reconstituted solution is light yellow to amber in color.
- IM injection may be painful.