



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
metroNIDAZOLE

Effective Date: Dec 2012

Revised Date: Nov13-2013

Reviewed Date: Sept 12 2018

CLASSIFICATION
Antibiotic

OTHER NAMES
Flagyl

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ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse

IV Bolus - *Not recommended*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 5 mg/mL – 100 mL premixed mini-bags

IV Bolus: *Not recommended*

I V Intermittent: Infuse 500 mg dose over 20 to 30 minutes

Maximum rate: 25 mg/minute

Maximum concentration: 5 mg/mL

DOSAGE:

Usual: 500 mg IV every 8 hours

Maximum single dose: 500 mg

Maximum daily dose: 2000 mg

STABILITY/COMPATIBILITY:

Stability of Reconstituted Solution: N/A

Stability of Final Admixture: 24 hours after initial use

Compatibility: Compatible with D5W, normal saline and dextrose/saline combinations.

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- GI: metallic taste, nausea, diarrhea
- Neurologic: headache

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dose modification may be required in patients with severe hepatic disease
- Avoid administration of alcohol during metronidazole therapy.