



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
piperacillin

Effective Date: Dec 2012
Revised Date: Jan16 2019

CLASSIFICATION
Antibiotic

OTHER NAMES
Pipracil

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ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse
IV Bolus - May be administered by a nurse
IM Injection - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as:
IV: 3 gram vial: add 15 ml sterile water for injection.
Final Volume: 17 mL Final Concentration: 180 mg/mL
IM: 3 gram vial: add 6 mL sterile water for injection.
Final Volume: 7.5 mL Final Concentration: 400 mg/mL

IV Intermittent: Dilute in 50 mL normal saline. Infuse over 20 to 30 minutes

IV Bolus: Over 3 to 5 minutes

IM Injection: Maximum 2 grams IM/site in ventrogluteal. Administer maximum doses of 5 mL per IM site.

Maximum rate:
 IV Bolus: Over 3 minutes
 IV Intermittent: Over 20 minutes

Maximum concentration:
 IV Bolus: 180 mg/mL
 IV Intermittent: 163 mg/mL
 IM Injection: 400 mg/mL

DOSAGE:

Usual: 2 to 4 grams IV or IM every 4 to 6 hours

Maximum single dose: 4 grams

Maximum daily dose: 24 grams/day (higher doses may be required in cystic fibrosis)

STABILITY/COMPATIBILITY:

Stability of Reconstituted Solution: 24 hours at room temperature

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, Lactated Ringer, normal saline, dextrose/saline solutions

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- GI effects: diarrhea, nausea, vomiting, abdominal pain, increased liver function tests
- Hypersensitivity reactions including rash, pruritis
- Phlebitis – may be minimized by increasing dilution.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dosage reduction required in renal dysfunction
- Use cautiously in patients allergic to cephalosporins
- Contraindicated in patients allergic to penicillins.