REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

Sulfamethoxazole/Trimethoprim

Effective Date: May 2013 **Revised Date:** Jan 2023	CLASSIFICATION **Antibacterial**	OTHER NAMES **Septra, Bactrim, co-trimoxazole**	PAGE 1 of 1

ADMINISTRATION POLICY:

IV Injection - *Not recommended*
IV Infusion - May be administered by a nurse
IM Injection - *Not to be administered*
IV Bolus - *Not recommended*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: trimethoprim 16 mg/mL and sulfamethoxazole 80 mg/mL 5 mL ampoule

IV Intermittent: Administer over 30 to 60 minutes.

Dilute each 1 mL in at least 25 mL diluent			*Dilute each 1 mL in at least 15 mL diluent (fluid restricted)*		
Dose (mL)	**Trimethoprim dose**	**Preferred bag size (D5W)**	**Dose (mL)**	**Trimethoprim dose**	**Alternative bag size (D5W)**
5 to 10.6 mL	80 to 170 mg	250 mL	5 to 6.9 mL	80 to 110 mg	100 mL
10.7 to 20.9 mL	171 to 335 mg	500 mL	7 to 17.5 mL	111 to 280 mg	250 mL
21 to 40.6 mL	336 to 650 mg	1000 mL	17.6 to 35.9 mL	281 to 575 mg	500 mL
			36 to 62.5 mL	576 to 1000 mg	1000 mL

Maximum rate: Over 30 minutes
Maximum concentration: 1 mL in 15 mL

DOSAGE:

Usual: 2.5 to 5 mg/kg trimethoprim IV every 6 to 8 hours (8 to 20 mg/kg/day)

Maximum single dose: 7 mg/kg trimethoprim
Maximum daily dose: 20 mg/kg trimethoprim

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 1 mL in 25 mL D5W; 6 hours at room temperature
1 mL in 15 mL D5W; 2 hours at room temperature

Compatibility: Compatible with D5W, normal saline, dextrose-saline combinations and Ringer's Lactate

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Contraindicated in patients allergic to sulfonamides or trimethoprim
- Hypersensitivity reactions (anaphylaxis, rash, pruritus)
- Dermatologic reactions: Fatalities associated with severe reactions including Stevens-Johnson syndrome and toxic epidermal necrolysis have occurred; discontinue use at first sign of rash.
- Pain and inflammation at IV site (risk increases with increasing concentration)
- Hyperkalemia, increased serum creatinine, hypoglycemia and hyponatremia
- Blood dyscrasias: Fatalities associated with severe reactions including agranulocytosis, aplastic anemia, and other blood dyscrasias have occurred; discontinue use at first sign of rash or signs of serious adverse reactions

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Maintain adequate fluid status to prevent crystalluria
- Inspect infusion for precipitation before and during infusion
- Dosage adjustment indicated in patients with moderate to severe renal and/or hepatic dysfunction
- Flush IV tubing before and after each dose. Do not allow the drug to remain in tube between doses.