



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

ampicillin

Effective Date: May 2013

CLASSIFICATION
Antibacterial

OTHER NAMES
Ampicin, Penbritin

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Revised Date: Jan 12 2022

ADMINISTRATION POLICY:

- IV Bolus – 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: 500 mg, 1000 mg vials of powder. No preservative.

- Reconstitution:**
- 500 mg vial:** **IM:** Add 1.8 mL sterile water for injection (Final concentration: 250 mg/mL)
IV: Add 5 mL sterile water for injection (Final concentration: 100 mg/mL)
 - 1 g vial:** **IM:** Add 3.5 mL sterile water for injection (Final concentration: 250 mg/mL)
IV: Add 7.4 mL sterile water for injection (Final concentration: 125 mg/mL)

NOTE: Refer to package insert as volume of diluents may vary depending on manufacturer

Bolus: Infuse over 3 – 5 minutes

Intermittent: **MINI-BAG PLUS COMPATIBLE**
Dilute in a convenient volume of compatible fluid and infuse over 10 – 15 minutes

Intramuscular: Into a large muscle mass

DOSAGE:

IV, IM:

Neonates – Birth to 30 days PNA (post-natal age)

	Gestational Age	Daily Dose
Initial 48 hr of treatment	Less than 30 weeks	100 mg/kg/day divided every 12 hr
	30 weeks or greater	200 mg/kg/day divided every 12 hr
Treatment beyond 48 hr	Less than 30 weeks (non-meningitis)	100 mg/kg/day divided every 12 hr
	Less than 30 weeks (meningitis)	200 mg/kg/day divided every 8 hr
	30 weeks or greater (non-meningitis)	100 mg/kg/day divided every 8 hr
	30 weeks or greater (meningitis)	200 mg/kg/day divided every 8 hr

Neonates 7 to 30 days PNA:

- Usual dosing: 100 - 200 mg/kg/day divided every 6 - 8 hr
- Group B streptococcal meningitis: 300 mg/kg/day divided every 6 hr

(dosage continued)



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Infants greater than 30 days and children:

- Usual dosing: 100 - 200 mg/kg/day divided every 6 hr
Maximum Daily Dose: 6 g
- Meningitis and severe infections: 200 - 400 mg/kg/day every 6 hr
Maximum Daily Dose: 12 g

Surgical prophylaxis:

- 1 dose of 50 mg/kg (maximum 2 g) 30 - 60 minutes pre-procedure. May repeat dose in 2 hr

Maximum rate: Neonates, infants: 10 mg/kg/minute
Children: 20 mg/kg/minute

Maximum concentration: **IV:** 125 mg/mL
IM: 250 mg/mL

STABILITY/COMPATIBILITY:

Stability of multidose vial: N/A

Stability of Final Admixture: Equal or greater than 100 mg/mL solution: 1 hour at room temperature
Equal or less than 30 mg/mL solution: 8 hours at room temperature

Compatibility: IV: Compatible with normal saline, D5W, dextrose-saline solutions, Lactated Ringer
IM: *DO NOT MIX with other medication*

POTENTIAL HAZARDS:

- Hypersensitivity: Urticaria rash, eosinophilia, angioedema, anaphylaxis, acute interstitial nephritis
- ampicillin rash: 3 – 14 days after treatment starts, 5% - 10% of individuals develop a generalized erythematous, maculopapular rash – begins on trunk and spreads peripherally.
- GI: Nausea, vomiting, diarrhea
- Hemat: Anemia, thrombocytopenia, eosinophilia
- Neuro: Headache, seizures, drug fever
- Local: IV – phlebitis (rare); IM – pain at site, rash
- Caution in patients allergic to cephalosporins – may be allergic to penicillins
- Risk of seizures greatest with high doses in neonates (especially premature neonates), and in patients with renal impairment and in rapid infusions
- There is a high likelihood of generalized, maculopapular, pruritic rash in persons with infectious mononucleosis or lymphatic leukemia
- Risk of developing a rash is increased with the concurrent administration of ampicillin and allopurinol
- Contraindicated with history of allergic reactions to penicillin or cephalosporins

ADDITIONAL NOTES:

- Check patient's allergy status. *DO NOT* administer if allergic to penicillin. Notify prescribing physician.
- ampicillin and gentamicin should not be mixed in the same IV tubing or administered concurrently