



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME
cefuroxime

Effective Date: Nov19-2014

Revised Date: Jan 12 2022

CLASSIFICATION
Antibiotic

OTHER NAMES
Zinacef

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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
- Subcut -- Not recommended

RECONSTITUTION/DILUTION/ADMINISTRATION:

- Available as:** 750 mg vial
- Reconstitution:**
 IV: Add 7.1 mL unpreserved sterile water for injection. Shake until drug is dissolved.
 Final volume: 7.5 mL Final concentration: 100 mg/mL
 IM: Add 3.4 mL unpreserved sterile water for injection. Shake until drug is dissolved.
 Final volume: 3.8 mL Final concentration: 200 mg/mL
- IV bolus:** No further dilution required and administer over 3 to 5 minutes
- Intermittent:** **MINI-BAG PLUS COMPATIBLE**
 Dilute in normal saline and infuse over 15 to 30 minutes. Less than or equal to 30 mg/mL
- IM:** Administer deep into a large muscle mass

DOSAGE:

- Neonates:** (less than or equal to 1 month) 50 to 100 mg per kg per 24 hours divided every 12 hours
- 1 month to 12 years:** 75 to 100 mg per kg per 24 hours divided every 8 hours
- Renal Impairment:** Creatinine clearance 10 to 20 mL/min/1.73 m² decrease to every 12 hours
 Creatinine clearance less than 10 mL/min/1.73 m² decrease to every 24 hours
 Hemodialysis: administer dose at end of dialysis
- Maximum concentration:** IV: 100 mg/mL
 IM: 200 mg/mL

STABILITY/COMPATIBILITY:

- Stability of Final Admixture:** 12 hours at room temperature
- Compatibility:** Compatible with normal saline, D5W, dextrose- saline combinations, Lactated Ringer

Refer to King's Compatibility Guide for intravenous admixtures.



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POTENTIAL HAZARDS:

- Hypersensitivity: rash, eosinophilia; (rare) anaphylaxis, urticaria, pruritis, interstitial nephritis, drug fever
- GI: nausea, diarrhea, stomach cramps, GI bleeding, antibiotic-associated colitis
- Hemat: increased ESR, false positive Coombs test
- Hepatic: transient increase in liver function tests
- Neuro: fever, headache, dizziness
- Renal: elevated BUN and serum creatinine
- Local: phlebitis at IV site; pain at IM site

CAUTION:

- patients with penicillin hypersensitivity
- patients with history of gastrointestinal disease, particularly colitis
- close monitoring of renal function is recommended in those patients concurrently receiving aminoglycoside antibiotics or diuretics. Additive nephrotoxicity.

CONTRAINDICATIONS:

- allergic reactions to cephalosporin antibiotic

ADDITIONAL NOTES: