REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME
cefTRIAXone

Effective Date: Nov19-2014 Revised Date: Jan 12 2022	CLASSIFICATION **Antibiotic**	OTHER NAMES **Rocephin**	PAGE 1 of 3

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: 1 gram vial

Reconstitution: IV: Add 9.6 mL unpreserved sterile water for injection. Shake until drug is dissolved.
Final volume: 10.1 mL Final concentration: 100 mg/mL
IM: Add 2.2 mL unpreserved sterile water for injection. Shake until drug is dissolved.
Final volume: 2.8 mL Final concentration: 350 mg/mL
To reduce pain associated with IM, may reconstitute with lidocaine 0.5% or 1% without epinephrine. Do NOT reconstitute with lidocaine in children or infants 10 kg or less (dose of lidocaine too high).

IV Bolus: Dilute to 100 mg/mL (preferred) and administer over 3 to 5 minutes

Intermittent: **MINI-BAG PLUS COMPATIBLE**
Dilute in normal saline and infuse over 15 to 60 minutes. Less than or equal to 40 mg/mL

IM: Administer deep into a large muscle mass

DOSAGE:

Infants to 12 years: 50 to 100 mg per kg per 24 hours divided every 12 to 24 hours (maximum 2 grams in 24 hours)

Endocarditis,Meningitis:

Neonate:	Use cefotaxime
Infant greater than 30 Days & Children:	80 - 100 mg/kg/24h divided every 12 to 24 hours (maximum 4 g/24h) Load: 75-100 mg/kg (optional)

Acute Otitis Media:

Infant greater than 30 Days: & Children	50 mg/kg/24 h given every 24h x 1 dose or 3 days (relapse) (maximum 1 g/dose)

Gonococcal Infection:

Disseminated (Duration: 7 days, Meningitis 10-14 days, Endocarditis 28 days):

Neonate:	25-50 mg/kg/24 h given every 24h (maximum 125mg/dose)
less than 45 kg:	50 mg/kg/24 h given every 24h (maximum 2 g/24h)
greater than or equal to 45 kg:	1 to 2 grams every 24 hours
Conjunctivitis:	50 mg/kg/dose x 1 dose (maximum 1 g)

Renal Impairment: No dosage adjustment required for mild to moderate renal impairment if liver function normal

Hepatic Impairment: No dosage adjustment required if renal function normal

Obesity: Use ideal body weight (IBW) OR adjusted body weight (AdBW = IBW + 0.3 (actual BW – IDW))

Maximum rate: 1 gram over 5 minutes
Maximum concentration: IV: 100 mg/mL
IM: 350 mg/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, D5W, dextrose- saline combinations
Incompatible: IV Ringer's Lactate
IM Do not mix with other medications except lidocaine

Refer to King's Compatibility Chart for intravenous admixtures.

POTENTIAL HAZARDS:
- Hypersensitivity: maculopapular or erythematous rash, exfoliative dermatitis, pruritis, eosiniphilia, fever, anaphylaxis (rare)
- GI: nausea, vomiting, diarrhea
- Hemat: hemolytic anemia
- Hepatic: transient elevations in liver enzymes, jaundice, elevations in serum bilirubin
- Metab: reversible biliary pseudolithiasis, displaces bilirubin from albumin binding sites
- Neuro: headache, dizziness
- Renal: elevated BUN and serum creatinine
- Local: phlebitis at IV site; pain at IM site
- Other: rapid administration may produce tachycardia, restlessness, diaphoresis, palpitations

CAUTION:
- not recommended for more than 1 or 2 doses in neonates or patients receiving IV calcium including TPN
- not recommended in infants with severe hyperbilirubinemia (under 1 week or premature) due to increased risk of kernicterus secondary to displacement from plasma protein binding.
- adjust dose in patients with severe renam failure or combined renal and hepatic impairment.
- acute renal impairment especially with consurrnet use of other nephrotoxic drugs (e.g. acyclovir)

CONTRAINDICATIONS:

• Allergic reactions to cephalosporin antibiotic
• **Neonates less than 46 weeks** post-menstrual (corrected) age, except for 1 or 2 doses, due to poor clearance and frequent concurrent administration of parenteral calcium products (including parenteral nutrition).
• Any infant receiving or who reasonably may require IV calcium within 48 hours of IV ceftriaxone. This includes patients receiving parenteral nutrition (containing calcium), continuous calcium-containing infusions, and patients receiving hemodialysis or CRRT (where IV calcium is administered concurrently).
• Warning regarding ceftriaxone and calcium-containing solutions:
  - Except in neonates/infants, these may be administered sequentially to one another if the infusion lines are thouroughly flushed between infusions with a compatible fluid.
  - Diluents containing calcium, such as Ringer's solutions, are **NOT** to be used to reconstitute ceftriaxone vials or to further dilute a reconstituted vial for intravenous administration because a precipitate can form. Ceftriaxone must NOT be administered simultaneously with calcium-containing intravenous solutions, including continuous calcium-containing infusions such as parenteral nutrition via a Y-site, or patients receiving CRRT (where IV calcium is administered concurrently) because precipitation of ceftriaxone-calcium can occur.

ADDITIONAL NOTES: