



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

ciprofloxacin

Effective Date: Jan14-2015 Revised Date:	<p>CLASSIFICATION Antibiotic</p>	<p>OTHER NAMES Cipro IV</p>	<p>PAGE 1 of 1</p>
<p>ADMINISTRATION POLICY: IV bolus - Not recommended IV Infusion - May be administered by a nurse IM Injection - Not recommended Subcut - Not recommended</p>			
<p>RECONSTITUTION/DILUTION/ADMINISTRATION: Available as: 2 mg/mL Intermittent: Dilute to 1 to 2 mg/mL with compatible IV solution. Infuse over 60 minutes preferable into a large vein to reduce discomfort</p>			
<p>DOSAGE:</p> <p>Children: 20 to 30 mg/kg/24 hours divided every 12 hours (maximum 800 mg/24 hours) Cystic Fibrosis: 30 mg/kg /24 hours divided every 8 to 12 hours (maximum 1200 mg/24 hours) Renal Impairment: Creatinine clearance less than or equal to 30 mL/min/1.73 m² – decrease dose by HALF or give once a day Maximum Concentration: 2 mg/mL</p>			
<p>STABILITY/COMPATIBILITY:</p> <p>Stability of Final Admixture: 24 hours at room temperature Compatibility: Compatible with normal saline, D5W, dextrose- saline combinations, Lactated Ringer <i>Refer to King's Compatibility Chart for intravenous admixtures.</i></p>			
<p>POTENTIAL HAZARDS:</p> <ul style="list-style-type: none"> • Hypersensitivity: rash, urticaria, anaphylaxis, cardiovascular collapse (rare) • GI: nausea, vomiting, abdominal discomfort, diarrhea; (rare) pseudomembranous colitis • Neuro: dizziness, headache, tremor, restlessness, seizures • Renal: crystalluria, increased BUN, serum creatinine, nephritis, acute renal failure • Local: thrombophlebitis, rash, pain at IV site • Other: arthropathies, photosensitivity 			
<p>ADDITIONAL NOTES:</p> <ul style="list-style-type: none"> • Safety in children is not known. Not indicated for routine use in children less than 18 years • Hypersensitivity to quinolone antibiotics 			