



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME
cloxacillin

Effective Date: Nov19-2014

Revised Date: Jan 12 2022

CLASSIFICATION
Antibiotic

OTHER NAMES
Orbenin

PAGE
1 of 2

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: 500 mg and 1 gram vial

- Reconstitution:**
- 500 mg vial:** Add 4.8 mL sterile water for injection unpreserved.
Total volume: 5 mL Final concentration: 100 mg/mL
 - IM:** Add 1.8 mL sterile water for injection unpreserved.
Total volume: 2 mL Final concentration: 250 mg/mL
 - 1 gram vial:** Add 9.6 mL sterile water for injection unpreserved.
Total volume: 10 mL Final concentration: 100 mg/mL
 - IM:** Add 3.6 mL sterile water for injection unpreserved.
Total volume: 4 mL Final concentration: 250 mg/mL

IV bolus: Over 2 to 10 minutes using 100 mg/mL dilution

Intermittent: **MINI-BAG PLUS COMPATIBLE**
Over 15 to 60 minutes, usual dilution 50 mg/mL in compatible IV solution

IV infusion: Continuously as per physician order, prepare fresh every 12 hours

IM injection: Into large muscle mass

DOSAGE:

- IM, IV: less than seven days:** 50 to 75 mg per kg per 24 hours divided every 12 hours
- Greater than or equal to seven days:** 100 to 200 mg per kg per 24 hours divided every 6 to 8 hours
- Greater than 30 days:** 100 to 200 mg per kg per 24 hours divided every 6 hours

Renal Impairment: No adjustment necessary

Maximum concentration: IV: 100 mg/mL (preferred dilution to 50 mg/mL in peripheral IV)
IM: 250 mg/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature (1 to 2 mg/mL solution stable up to 12 hours)

Compatibility: Compatible with normal saline, D5W, dextrose- saline combinations, Lactated Ringer

Refer to King's Compatibility Guide for intravenous admixtures.



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2 of 2

POTENTIAL HAZARDS:

- Hypersensitivity: rash, angioedema, eosinophilia, anaphylaxis
- GI: nausea, vomiting, flatulence, diarrhea
- Local: phlebitis, pain at site, further dilution may cause less discomfort

CAUTION:

- Patients allergic to cephalosporins may also be allergic to cloxacillin

CONTRAINDICATIONS:

- Do not administer to patients allergic to penicillin or amoxicillin

ADDITIONAL NOTES:

- IM route painful – not route of choice
- Methicillin-resistant *Staphylococcus aureus* (MRSA) isolates are resistant to all beta-lactam agents including cloxacillin/oxacillin/dicloxacillin, cephalosporins, piperacillin/tazobactam, and carbapenems.