

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- **If documented immediate, or severe delayed hypersensitivity reaction to penicillin - DO NOT GIVE THIS DRUG**
- See under 'Dose' for adjustments required in **renal** impairment
- **Reserve antimicrobial:** Restricted to indications in the antimicrobial prescribing guidelines, or following approval by microbiology/infectious diseases

## Available preparations

Cefotaxime 500mg vial

Cefotaxime 1g vial (Claforan)

## Reconstitution

### Water for injection

2ml per 500mg vial

4ml per 1g vial

## Infusion fluids

Sodium chloride 0.9% or Glucose 5%

## Methods of intravenous administration

### Slow intravenous injection

- Administer over 3 to 5 minutes
- Note: potentially life-threatening arrhythmia has been reported in a very few patients who received **rapid intravenous** administration of cefotaxime through a central venous catheter

### Intermittent intravenous infusion

- Add required dose to 100ml infusion fluid and administer over 20 to 60 minutes
- A 50ml infusion may be used if required (eg fluid restriction) but the residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

## Dose in adults

### Mild to moderate infections

- Give 1g every twelve hours

### Severe infections

- Dosage may be increased up to 12g daily, given in three to four divided doses

**Renal Impairment (no dosage adjustment is needed unless eGFR less than 5ml/minute/1.73m<sup>2</sup>) (ref 1)**

eGFR (ml/min/1.73m <sup>2</sup> )	Dose	Frequency
<b>Greater than 5</b>	Usual dose	
<b>Less than 5</b>	Reduce dose by 50%	Keep frequency the same For severe/life-threatening contact Micro/ID Reduce dose further if concurrent hepatic and renal failure.

## Storage

- Store below 25<sup>0</sup>C

## References

Claforan SPC May 2024

1: [GUH antimicrobial guidelines](#)

## Therapeutic classification

Cephalosporin antibiotic