

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- For administration by **intravenous infusion only**
- There are important **interactions** with numerous drugs e.g. **statins** - check current BNF
- May cause **QTc** prolongation
- See under 'Dose' for adjustments required in renal impairment
- Consider **intravenous to oral** switch as soon as possible as excellent bioavailability - use same dose orally as intravenously

## Available preparations

Clarithromycin 500mg vial

## Reconstitution

### Water for injection

- 10mL per 500mg vial

### Dilute further prior to administration

## Infusion fluids

Sodium chloride 0.9% or Glucose 5%

## Methods of intravenous administration

### Intermittent intravenous infusion (using an electronically controlled infusion device- due to risk of thrombophlebitis)

- Add to **250mL** infusion fluid and administer over 60 minutes
- Administer through a **large proximal vein**
- **Central line** - 5mg/mL<sup>(ref 1)</sup> if fluid overload is a greater risk to the patient than thrombophlebitis (must still be given over 60 minutes). e.g. 500mg in 100mL over 60 minutes

## Dose in adults

### Usual dose

- Give 500mg every 12 hours

Renal impairment (ref 2,3)		
eGFR (mL/minute/1.73m <sup>2</sup> )	Dose	Frequency
less than 30	250 to 500mg (for severe infection, use high end of dose range)	every 12 hours

## Hepatic impairment

- Caution in hepatic impairment
- Avoid in severe hepatic impairment if renal impairment is also present

## Storage

- Store below 25°C

## References

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(1) "Critical Care Group: Minimum Infusion Volumes for fluid restricted critically ill patients". 2014. United Kingdom Clinical Pharmacy Association. [www.ukcpa.org.uk](http://www.ukcpa.org.uk)

(2) Renal drug database accessed online Oct 2021

(3) [GUH antimicrobial guidelines 2021](#)

Search term: Klacid

## Therapeutic classification

Macrolide antibiotic