

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

Klacid 500mg vial

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 peripheral vein** ^(ref 4)
- **Central line** - 5mg/mL ^(ref 1) 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 ²)	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 25⁰C

References

Klacid SPC August 2024

1. "Critical Care Group: Minimum Infusion Volumes for fluid restricted critically ill patients". 2014. United Kingdom Clinical Pharmacy Association. www.ukcpa.org.uk
2. Renal drug database accessed online Jan 2025
- 3 [GUH antimicrobial guidelines](#)
4. Injectable medicines guide, downloaded from Medusa 12/02/2025

Search term: Klacid

Therapeutic classification

Macrolide antibiotic