

# Erythromycin lactobionate Intravenous Infusion for Adults



## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Longer infusion times are recommended in patients with **risk factors for arrhythmias** or previous evidence of arrhythmias
- Monitor closely for thrombophlebitis-consider **IV to PO** switch as soon as is appropriate (can use same doses orally)
- There are numerous important **interactions (including those with QTc prolonging agents)** - check current BNF
- See under 'Dose' for adjustments required in **renal** impairment
- **NOT** a suitable agent **for surgical prophylaxis** ([GUH guidelines](#))

## Available preparations

Erythrocin 1g vial

## Reconstitution

### Water for injection

- 20ml per 1g vial
- **Dilute further prior to administration**

## Infusion fluids

Sodium chloride 0.9%

## Methods of intravenous administration

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

- Add doses of between 500mg and 1g to 250ml infusion fluid and administer over 60 minutes
- Add doses of 500mg or less to 100ml infusion fluid and administer over 60 minutes
- Longer infusion times are recommended for patients with arrhythmias

### **Fluid restricted patients (ref 2)**

- Add 1g to 100ml infusion fluids, and administer via **central line**. Monitor carefully
- If catheter in ventricle can cause extension of Q-R interval

## Dose in adults

Severity	Dose
Mild to moderate infections (if oral route compromised)	Give 6.25mg/kg every six hours e.g. 500mg every six hours
Severe infection	Give 12.5mg/kg (max 1g) <sup>(ref 1)</sup> every six hours

### Gastrointestinal stasis <sup>(ref 3)</sup>

- Give 3mg/kg three times per day
- For use in Critical Care- see local [guideline](#)

### Renal Impairment <sup>(ref 1)</sup>

eGFR (ml/minute/1.73m <sup>2</sup> )	Dose
less than 10	Give usual dose. Monitor for ototoxicity, especially at high doses However, the BNF recommends a maximum 500mg every eight hours (1.5g daily) in severe renal impairment (ototoxicity) <sup>(ref 3)</sup>

**Hepatic impairment** - Use with caution

## Storage

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

## References

SPC September 2020

1. Renaldrugdatabase accessed online December 2021
2. [Critical Care Group Minimum Infusion Volumes](#) for fluid restricted critically ill patients 2012
- 3: BNF accessed online Dec 9th 2021

## Therapeutic classification

Macrolide antibiotic