

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**
- **Reserve antimicrobial:** Restricted for indications in the antimicrobial prescribing guidelines, or following approval by microbiology/infectious diseases
- **Calcium-containing solutions (including TPN, Hartmann's solution) are NOT compatible with ceftriaxone.** Do NOT mix these two products. DO NOT give these two products to any patient **SIMULTANEOUSLY**. SEQUENTIAL administration IS PERMITTED in patients older than 28 days, provided a) the infusion line is rinsed or flushed between solutions, or b) the infusions are given via different infusion lines at different sites.
- **Renal impairment:** see under dose
- Do not use **Accu-Chek Compact** test strips or **Accu-Chek Mobile** tests throughout the duration of treatment with cefTRIAxone. This is because it may lead to **erroneously lowered** blood glucose readings ^(ref 2)

Available preparations

Ceftriaxone 1g vial (Wockhardt)

Rocephin 1g vial

Reconstitution

Water for injection

10mL per 1g vial

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusion (preferred route)

- Add 2g dose to 100mL infusion fluid and give over at least **30 minutes**
- Add 4g dose to 100mL infusion fluid and give over at least **60 minutes** (Note: this dose is not routinely used in GUH)
- A 50mL infusion may be used for 2g dose 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

Slow intravenous injection (may only be used for doses less than 2g ^(ref 3))

- Administer over 5 minutes, preferably using a large vein

Intramuscular injection- see further information

Dose in adults

Usual dose

- Give 2g once daily

Bacterial meningitis or Suspected meningococcaemia (without features of meningitis) ^(ref 1)

- Give 2g every twelve hours

Intramuscular indications and doses- see [GAPP app](#)

Renal impairment

- No dose adjustment needed **unless** eGFR less than 10ml/minute/1.73m², provided hepatic function is not impaired
- If eGFR is less than 10ml/min/1.73m² give a **maximum of 2g** daily
- Close clinical monitoring for efficacy and safety is recommended in patients with both severe renal and hepatic impairment

Further information

- May also be given by deep **intramuscular injection** (Wockhardt brand) (ref 3)
 - Reconstitute 1g with 3.5mL Lignocaine 1%.
 - This produces a solution of 1g in 4.1mL (500mg in 2.1mL)
 - For intramuscular doses - see [GAPP app](#)
 - Doses greater than 1g should be divided and injected at more than one site
 - **Safety check:** when prepared in this way, it may **ONLY** be administered by the **INTRAMUSCULAR** route

Storage

- Store below 25⁰C

References

SPC(Wockhardt) November 2021

SPC (Pinewood) November 2021

SPC (Rocephin) December 2021

1: [GUH antimicrobial guidelines 2021](#)

2: Information on file from Roche 20163: Injectable medicines guide- University college hospitals London 3rd edition

3: SPC Wockhardt November 2021(intramuscular administration)

4: Medusa Injectable Medicines Guide downloaded 13/01/2022

Therapeutic classification

- Cephalosporin antibiotic