# Chloramphenicol Intravenous for Adults



### Who can administer

May be administered by registered competent doctor or nurse/midwife

# Important information

- See monitoring requirements
- Must be approved by micro/ID
- Unlicensed preparation
- See under 'Dose' for adjustments required in renal or hepatic impairment

## Available preparations

Chloramphenicol 1g vial

### Reconstitution

### Water for injection and Sodium chloride 0.9%

To produce a 10% solution add 9.2ml to 1g vial to produce a 1000mg in 10ml solution (ref 1)

## Methods of intravenous administration

### Slow intravenous injection

• Administer over at least 3 minutes (ref 1)

#### See also further information

## Dose in adults

#### **Usual dose**

- Give a stat dose of 25mg/kg and contact micro/ID for further advice (ref 2)
- Dose is 12.5mg/kg to 25mg/kg every six hours (ref 3,4)
- Doses at the higher end of range (25mg/kg) are used for serious infections such as septicaemia and meningitis provided high doses are reduced as soon as clinically indicated
- Maximum dose 4g daily (ref 4). Avoid repeated courses and prolonged treatment

### **Renal impairment**

- eGFR less than 10mL/min use usual dose but use only if no alternative (ref 2)
- Increased risk of bone marrow depression. Monitor closely.
- See below re monitoring of levels (ref 3)

### **Hepatic impairment**

 Avoid if possible - increased risk of bone-marrow depression; consider reducing dose and monitor levels (but see below) (ref 3)

# Monitoring

- **Baseline FBC** required before and every two days during treatment as chloramphenicol can cause severe bone marrow depression
- Serious and fatal blood dyscrasias (aplastic anaemia, hypoplastic anaemia, thrombocytopenia, granulocytopenia) have occurred after both short and long-term use
- Note: an irreversible type of marrow depression leading to **aplastic anaemia** with a high rate of mortality can occur weeks or months after therapy (ref 5)
- Plasma concentration monitoring recommended in the elderly and in hepatic and renal impairment however, not routinely available
- Recommended plasma concentration<sup>(ref 3)</sup>
  - Peak (2 hours after intravenous administration)10 to 25mg/L
  - Trough (just before dose is due) less than 15mg/L

## Further information

• If required, chloramphenicol can be added to either Sodium chloride 0.9% and given as an infusion over 15 to 60 minutes. The volume is determined by patient's fluid requirements (ref 1)

## Storage

Store below 25°C

### References

UK SPC 14/10/2022 (assessed via Medusa)

- 1. Injectable medicines information guide downloaded from Medusa 15/04/2025
- 2. GAPP app guidelines
- 3. BNF accessed online 15/04/2025
- 4. Sanford antimicrobial app- accessed online 16th, April 2024
- 5. Martindale- downloaded via http://www.medicinescomplete.com 15/04/2025

# Therapeutic classification

**Antibiotic**