Clinical Guideline
CefaZOLin

Policy developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Approved SA Health Safety & Quality Strategic Governance Committee on:
9 November 2017
Next review due: 9 November 2020

Summary
The purpose of this guideline is to guide nursing, medical and pharmacy staff in the dosing and administration of cefazolin

Keywords
cefazolin, neonatal medication guideline, cephazolin, sepsis, bacteria, cephalosporin, crystal

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y v1.0
Does this policy replace an existing policy? Y
If so, which policies?
Cephazolin v1.0

Applies to
All SA Health Portfolio
All Department for Health and Ageing Divisions
All Health Networks
CALHN, SALHN, NALHN, CHSALHN, WCHN, SAAS

Staff impact
All Clinical, Medical, Midwifery, Nursing, Students, Allied Health, Emergency, Mental Health, Pathology, Pharmacy

PDS reference CG020

Version control and change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>November 2012</td>
<td>November 2017</td>
<td>Original version</td>
</tr>
<tr>
<td>2.0</td>
<td>9 November 2017</td>
<td>Current</td>
<td>Complete review</td>
</tr>
</tbody>
</table>

© Department for Health and Ageing, Government of South Australia. All rights reserved.
Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms
cechaZOLin

Dose and Indications

1g = 1000mg

Infection due to susceptible organisms

Intravenous and intramuscular

<table>
<thead>
<tr>
<th>Postnatal age (days)</th>
<th>Weight (kg)</th>
<th>Dose (mg/kg)</th>
<th>Frequency (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 7</td>
<td>≤ 2</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>&gt; 2</td>
<td>50</td>
<td>12</td>
</tr>
<tr>
<td>&gt; 8</td>
<td>≤ 2</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>&gt; 2</td>
<td>50</td>
<td>8</td>
</tr>
</tbody>
</table>

Length of treatment should be guided by pathology and clinical picture.
Preparation and Administration

**Intravenous**

<table>
<thead>
<tr>
<th>Vial Strength (mg)</th>
<th>Volume of Water for Injection to add (mL)</th>
<th>Final Concentration of cefaZOLin (mg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000mg</td>
<td>9.5mL</td>
<td>100mg/mL</td>
</tr>
</tbody>
</table>

Dose | 25mg | 50mg | 75mg | 100mg | 125mg | 150mg  
Volume | 0.25mL | 0.5mL | 0.75mL | 1mL | 1.25mL | 1.5mL |

Administer as a push over at least 3 minutes or further dilute dose to a concentration of 20 mg/mL with compatible fluid and infuse over 30 minutes.

The reconstituted solution is stable for 24 hours stored under refrigeration – check with local policy about re-accessing vial for the same patient.

**Intra muscular**

<table>
<thead>
<tr>
<th>Vial Strength (mg)</th>
<th>Volume of sodium chloride 0.9% to add (mL)</th>
<th>Final Concentration of cefaZOLin (mg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000mg</td>
<td>2.5mL</td>
<td>330mg/mL</td>
</tr>
</tbody>
</table>

Dose | 25mg | 50mg | 75mg | 100mg | 125mg | 150mg  
Volume | 0.075mL | 0.15mL | 0.23mL | 0.3mL | 0.38mL | 0.45mL |

Shake well and warm in hands to aid dissolution. **Small crystals may form which may be overlooked, Warm the vial in hands until the solution in clear.**

Inject deep into a large muscle.

**Compatible Fluids**

Glucose 5%, glucose 10%, glucose/sodium chloride solutions, sodium chloride 0.9%
Adverse Effects

Common
Diarrhoea, vomiting, pain and inflammation at injection site, rash, Clostridium difficile-associated disease, superinfection

Infrequent
Neurotoxicity (seizures, encephalopathy) particularly with high doses and/or renal impairment, blood dyscrasias, (neutropenia related to dose and treatment duration, thrombocytopenia)
Anaphylactic shock is not commonly seen in the neonates

Practice Points

➢ Refrigeration of reconstituted solutions may result in crystal formation
➢ Solutions of cefaZOLin sodium reconstituted with sodium chloride 0.9% (rather than water for injection) may form crystals. For this reason, water for injection is the preferred diluent
➢ The crystals can be dissolved by hand warming the vials and the clear solution will then be suitable for use.

Practice Points


Version control and change history

PDS reference: OCE use only

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>November 2012</td>
<td>November 2017</td>
<td>Original version</td>
</tr>
<tr>
<td>2.0</td>
<td>9 November 2017</td>
<td>Current</td>
<td>Complete review</td>
</tr>
</tbody>
</table>