Clindamycin

600 mg/4 mL injection, 150 mg oral capsule, 75 mg/5 mL oral liquid (SAS)

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.

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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

Medication Warning ⚠

Dalacin C® clindamycin injection contains benzyl alcohol (9.45 mg/mL)

Caution

There have been reports of fatal "gasping syndrome" in neonates and premature neonates following administration of medications containing benzyl alcohol with exposure above 99 mg/kg/day. The minimum amount which may cause toxicity is not known. Symptoms of toxicity include a striking onset of gasping syndrome, hypotension, bradycardia, and cardiovascular collapse.

A dose of 5 mg/kg/dose to 9 mg/kg/dose of clindamycin gives approximately 0.3 mg/kg/dose to 0.6 mg/kg/dose of benzyl alcohol respectively.

If using Dalacin C®, contact pharmacy at the earliest convenience to access a brand not containing benzyl alcohol.

Synonyms

Clindamycin phosphate, Clindamycin hydrochloride

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Dose and Indications

Infection Due to Susceptible Organisms

Intravenous and Oral

Infectious Disease consultation is usually required prior to commencing therapy, refer to local anti-microbial policy.

Corrected Age (weeks) [Gestational Age PLUS Postnatal Age]	Dose	Frequency (hours)
< 33 weeks	5 mg/kg	Every 8 hours
33–40 weeks	7 mg/kg	every 8 hours
> 40 weeks	9 mg/kg	every 8 hours

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

Preparation and Administration

Intravenous

Dilute 1 mL of clindamycin 150 mg/mL with 14 mL compatible fluid (total volume 15 mL).

The resulting solution contains clindamycin 10 mg/mL solution.

Dose	2.5 mg	5 mg	7.5 mg	10 mg	12.5 mg	15 mg	20 mg
Volume	0.25 mL	0.5 mL	0.75 mL	1 mL	1.25 mL	1.5 mL	2 mL

> May be further diluted in a compatible fluid.
> Administer as an intravenous infusion over 30 to 60 minutes.
> Rapid administration may cause hypotension and cardiac arrest.

Oral

Oral suspension

Clindamycin oral syrup 15 mg/mL (75 mg/5 mL) is available but requires SAS paperwork and parental consent for access.

Oral capsule

Disperse one clindamycin capsule (150 mg) in 10 mL of water for injection. The resulting oral solution contains clindamycin 15 mg/mL. This solution has a bitter taste, consider administering dose with feed to mask taste.

Clindamycin 15 mg/mL:

Dose	3 mg	6 mg	9 mg	12 mg	15 mg	18 mg
Volume	0.2 mL	0.4 mL	0.6 mL	0.8 mL	1 mL	1.2 mL

Discard any remaining solution.

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Compatible Fluids

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

Adverse Effects

Common

Diarrhoea, vomiting, abdominal pain, rash.

Infrequent

Clostridium difficile-associated disease.

Rare

Anaphylaxis, blood dyscrasias, polyarthritis, jaundice, raised liver enzymes, hepatotoxicity Intravenous: hypotension, cardiac arrest (rapid injection), thrombophlebitis.

Monitoring

- Hepatic function.
- Gastrointestinal status (diarrhoea, feed intolerance, colitis).
- Full blood count and renal function during prolonged treatment.

Practice Points

- Discontinue if severe diarrhoea develops.
- Diarrhoea, colitis and pseudomembranous colitis have been reported and may begin up to several weeks after cessation of therapy.

References

Gonzales, 2016, Clindamycin pharmacokinetics and safety in preterm and term infants, Antimicrobial agents and chemotherapy, American Society for Microbiology, 60(5): 2888–2894.

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Suggested citation:

Neonatal Community of Practice. Clindamycin NMG065 [Internet]. South Australian Neonatal Medication Guideline. SA Health, Government of South Australia. 2024 [updated 30 July 2024, version 3.0]. Available from: http://www.sahealth.sa.gov.au/neonatal.

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Document Ownership & History

Developed by: Maternal, Neonatal & Gynaecology Strategic Executive Leadership Committee
Contact: Health.NeoMed@sa.gov.au
Approved by: Clinical Guideline Domain Custodian
Next review due: 30/07/2029
CGSQ Number: NMG065
History: Is this a new Neonatal Medication Guideline (V1)? **N**
Does this Neonatal Medication Guideline amend or update and existing Neonatal Medication Guideline? **Y**
If so, which version? **V2**
Does this policy replace another Neonatal Medication Guideline with a different title? **N**
If so, which Neonatal Medication Guideline (title)?

Approval Date	Version	Who approved New/Revised Version	Reason for Change
30/07/2024	V3	Clinical Guideline Domain Custodian	Formal review
15/12/17	V2	SA Safety and Quality Strategic Governance Committee	Formally reviewed in line with 5 year scheduled timeline for review.
1/11/12	V1	SA Safety and Quality Strategic Governance Committee	Original SA Safety and Quality Strategic Governance Committee approved version.