

cefaLEXin

oral mixture

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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

Synonyms

Cephalexin

Dose and Indications

Infection due to susceptible organisms

Oral

25mg/kg per dose (maximum dose 125mg)

Age (days)	Frequency (hours)
< 7	every 12 hours
7 to 21	every 8 hours
>21	every 6 hours

While dosing guidelines are not published for premature neonates, the dosing interval should be at least 12 hours in neonates with poor kidney function.

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

Prophylaxis of recurrent urinary tract infections

Oral

12.5mg/kg once a day at night

Prophylaxis for Micturating Cystourethrogram (MCUG)

Oral

12.5mg/kg/dose 8 hourly for 3 days, with MCUG taking place on the second day



Preparation and Administration

Oral

To reconstitute dry powder, use water for injection and add the volume specified on the packaging.

The reconstituted solution is usually stable for 14 days stored under refrigeration; however, this may change according to brand available. Please consult product information.

Shake well before use.

Cefalexin may be given without regard to food

Adverse Effects

Common

Diarrhoea, vomiting, 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), cholestatic hepatitis, antibiotic-associated colitis

Anaphylactic shock is not commonly seen in neonates

Practice Points

- > Cefalexin may cause a false positive Coomb's test

Reference

- > Sinha R, Saha S, Maji B et al, Antibiotics for performing voiding cystourethrogram: a randomised control trial, 2018, Archives of Disease in Childhood, 103: 230-234
- > Urinary tract infections in under 16s: diagnosis and management, 2007, Clinical Guideline, National Institution for Health and Care Excellence, accessed online February 2022



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