cefTRIAXone

Warnings	Classification antibiotic (cephalosporin) Beta-lactam antibiotic	Alternate Names ROCEPHIN; ceftriaxone disodium

Indications

- treatment of systemic infections caused by susceptible strains of microorganisms

Reconstitution and Stability

- store vial at room temperature; protect from light
- for **IV administration** - reconstitute with sterile water for injection as follows:
  - 1 g vial: add 9.6 mL to provide 100 mg/mL solution
  - 2 g vial: add 19.2 mL to provide 100 mg/mL solution
- for **IM administration -** reconstitute with sterile water for injection or 1% lidocaine as follows:
  - 250 mg vial: add 0.9 mL to provide 250 mg/mL solution
  - 1 g vial: add 2.2 mL to provide 350 mg/mL solution
  - 2 g vial: add 4.4 mL to provide 350 mg/mL solution
- for subcutaneous administration *(palliative care patients only)*, use IM reconstitution above

Compatibility

- compatible with dextrose 5%, sodium chloride 0.9%

Preparation and Administration

Administration Route	Approved	Preparation and Administration Instructions	Required Monitoring
Subcutaneous	YES		Palliative Care Monitoring
Intramuscular	YES	administer deeply into large muscle no more than 1 g at a single site	Basic Monitoring
IV direct	YES	no further dilution (100 mg/mL); administer over 1 to 4 minutes	Basic Monitoring
IV intermittent	YES	*preferred route* dilute in 50 mL; administer over 20 to 30 minutes	Basic Monitoring
Continuous IV infusion	NO		

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Dosage

- usual: 1 to 2 g Q24H
- meningitis: 2 g IV Q12H
- uncomplicated gonorrhea: 500 mg IM (single dose)
- daily dose should not exceed 4 g

Potential Hazards of Parenteral Administration

- hypersensitivity allergic reactions
- thrombophlebitis and inflammation
- pain at IM injection site
- subcutaneous necrosis with slow healing has been reported with subcutaneous administration

Important Implications

Contraindications/Cautions

- adults (*additionally, see pregnancy information below)*:
  - **AVOID** administering cefTRIAXone simultaneously with IV calcium-containing solutions including continuous infusions (e.g. parenteral nutrition, lactated ringers) through the same IV administration line via Y-site
  - cefTRIAXone and IV calcium-containing solutions MAY be administered sequentially, provided the lines are thoroughly flushed between infusions
  - cefTRIAXone and IV calcium-containing solutions MAY be administered simultaneously via separate IV lines or via separate lumens of the same central venous catheter
- **AVOID use in pregnant people with anticipated delivery within days**. Therapeutic levels are achieved in fetal umbilical cord blood, amniotic fluid and placenta; if **neonates** are previously exposed to **cefTRIAXone and receive calcium-containing IV solutions** (e.g. TPN) within 48 hours, there is a risk of precipitation causing damage to lungs and kidneys; neonate deaths have occurred.
- refer to Beta-Lactam Antibiotic Cross-Allergy Chart or consult Pharmacy if patient has an allergy to penicillins or another cephalosporin
- Pregnancy/Lactation: refer to Lexicomp or Micromedex

Side effects

- hypoprothrombinemia and alterations in INR may occur rarely
- vitamin K administration (10 mg weekly) may be necessary if the INR is prolonged before or during treatment

Other

- 1 g cefTRIAXone contains 3.6 mmol (83 mg) sodium

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