cefOTAXIME

**Indication**
- Treatment of susceptible gram-positive and gram-negative organisms (e.g. respiratory, urinary, intra-abdominal, skin, bone, and joint infections)¹
- Neonatal meningitis¹
- Congenital gonococcal conjunctivitis²

**Presentation**
- Vial 500 mg | 1 g | 2 g

**Dosage**

<table>
<thead>
<tr>
<th>Current gestational age (weeks)</th>
<th>Day of life (days)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>31+6 or less</td>
<td>0–7</td>
<td>every 12 hours</td>
</tr>
<tr>
<td></td>
<td>8 or more</td>
<td>every 8 hours</td>
</tr>
<tr>
<td>32+0 or more</td>
<td>0–7</td>
<td>every 12 hours</td>
</tr>
<tr>
<td></td>
<td>8 or more</td>
<td>every 6 hours</td>
</tr>
</tbody>
</table>

**Preparation**

- 500 mg vial
  - Add 4.8 mL of water for injection
  - Draw up solution and make up to 10 mL total volume with water for injection³
  - Concentration now equal to 50 mg/mL

- 1 g vial
  - Add 9.6 mL of water for injection³
  - Draw up 5 mL of solution and make up to 10 mL total volume with water for injection
  - Concentration now equal to 50 mg/mL

- 2 g vial
  - Add 9 mL of water for injection³
  - Draw up 2.5 mL of solution and make up to 10 mL total volume with water for injection
  - Concentration now equal to 50 mg/mL

**Administration**

- IV injection
  - Draw up the prescribed dose
  - IV injection over 3–5 minutes³

- IV infusion
  - Prime the infusion line and reduce total syringe volume to the prescribed dose
  - IV infusion via syringe driver pump over 10–30 minutes
  - On completion, disconnect syringe and infusion line
  - Flush access port at same rate as infusion

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### Queensland Clinical Guidelines: Neonatal monograph  cefOTAXIME

**Presentation**
- **Vial 500 mg | 1 g | 2 g**

<table>
<thead>
<tr>
<th>Dosage (standard)</th>
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</thead>
<tbody>
<tr>
<td><strong>Current gestational age (weeks)</strong></td>
<td>Day of life (days)</td>
</tr>
<tr>
<td>31+6 or less</td>
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</tr>
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<td></td>
<td>8 or more</td>
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</table>

<table>
<thead>
<tr>
<th>Dosage (congenital conjunctivitis only)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>100 mg/kg once^2</td>
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</table>

**Special considerations**
- If renal impairment, may need dosage adjustment^6
- If longer duration, consider oral and topical antifungal prophylaxis
- If co-prescribed with aminoglycoside, give the antibiotic with shortest duration of administration first (so antibiotic cover commences asap)
  - Do not mix in the same injection or infusion solution; flush before and after
- IM route only if IV route not available
- UAC route: consult with neonatologist/paediatrician prior to use and refer to Queensland Clinical Guideline: Neonatal medicines^6
- Current gestational age is the same as postmenstrual age (PMA)

**Monitoring**
- FBC periodically^1

**Compatibility**
- **Fluids^3**
  - 5% glucose, 10% glucose, 0.9% sodium chloride%
- **Y-site**
  - Aciclovir^3, dexamethasone^3, dopamine^7, furosemide (frusemide)^7, heparin^7, insulin (regular)^7, 0.5% lidocaine (lignocaine)^7, magnesium sulphate^3, midazolam^3, morphine^3, octreotide^7, propofol^7, ranitidine^7, voriconazole^7

**Incompatibility**
- PN and fat emulsion: co-infusion with cefOTAXIME not recommended (evidence limited). If unavoidable, seek pharmacist advice first, filter infusion and flush before and after
- **Fluids**
  - Alkaline solutions (e.g. containing sodium bicarbonate)^3
- **Known**

**Interactions**
- IV aminoglycosides are inactivated by IV cephalosporins, penicillins and teicoplanin^8

**Stability**
- **Vial**
  - Store below 25 °C. Protect from light
- **Reconstituted solution**
  - Stable for 24 hours at 2–8 °C^3. Protect from light^3
  - The solution is clear to pale yellow. Discard if darker than pale yellow^3

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Statement of Queensland (Queensland Health) 2021

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Side effects

- Hypersensitivity reactions: rare in neonates. May present as erythema and rash (maculopapular rash, red purple plaques or urticarial type plaques5,8-12)
- Blood pathology: leucopenia, granulocytopenia6
- Digestive: nausea, diarrhoea, colitis5
- Other: candidiasis in babies less than 1000 g more common than with other antibiotics1

Actions

- Broad spectrum third generation cephalosporin antibiotic

Abbreviations

IM: intramuscular IV: intravenous, PN: parenteral nutrition, UAC: umbilical arterial catheter

Keywords

Cefotaxime sodium, cephalosporin, gram-negative, gram-positive, infections, meningitis

The Queensland Clinical Guideline Neonatal Medicines is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

References


Document history

<table>
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<th>Effective</th>
<th>Review</th>
<th>Summary of updates</th>
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<tr>
<td>NMedQ19.011-V1-R24</td>
<td>26/06/2019</td>
<td>26/06/2024</td>
<td>Endorsed by Queensland Neonatal Services Advisory Group (QNSAG)</td>
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<tr>
<td>NMedQ19.011-V2-R24</td>
<td>13/08/2021</td>
<td>26/06/2024</td>
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<td>• Amended instructions for co-prescription with aminoglycosides to clarify order of administration</td>
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QR code