

CefTAZidime

SALAD – all Cephalosporins cefAZOlin, cefOTAXime, cefTARoline, cefTAZidime, cefTRIAxone, ceFURoxime Contains a PENICILLIN-like structure May be appropriate in penicillin-allergic patient. Refer to CUH Antimicrobial Guidelines on Eolas for further information before administration															
Form	500mg, 1g and 2g dry powder vial		Store at room temperature and in the outer carton to protect from light												
Reconstitution	<table><tr><th>Vial</th><th>IV Injection</th><th>IM Injection</th></tr><tr><td>500mg</td><td>Add 5mL WFI</td><td>Add 1.5mL WFI</td></tr><tr><td>1g</td><td>Add 10mL WFI</td><td>Add 3mL WFI</td></tr><tr><td>2g</td><td>Add 10mL WFI</td><td>N/A</td></tr></table>			Vial	IV Injection	IM Injection	500mg	Add 5mL WFI	Add 1.5mL WFI	1g	Add 10mL WFI	Add 3mL WFI	2g	Add 10mL WFI	N/A
	Vial	IV Injection	IM Injection												
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	1g	Add 10mL WFI	Add 3mL WFI												
	2g	Add 10mL WFI	N/A												
After adding WFI (which may be pulled in by the vacuum in the vial), remove the syringe needle and shake the vial. Carbon dioxide is released and a clear, light yellow to amber solution will be obtained in 1 - 2 minutes.															
Compatibility & Stability	Sodium Chloride 0.9% Glucose 5%														
Administration	IV Injection														
	Invert the vial. With the syringe piston depressed, insert the needle into the solution. Withdraw the total volume of solution into the syringe, ensuring needle remains in solution. Does not require further dilution. Give required dose by slow IV injection over 3 - 5 minutes.														
	IV Infusion														
	After reconstitution, insert a second needle to relieve internal pressure in the vial. Withdraw the required dose and dilute further in 50 - 100mL of compatible infusion fluid. Mix well and infuse over 20 - 30 minutes.														
	IM Injection														
Invert the vial. With the syringe piston depressed, insert the needle into the solution. Withdraw the total volume of solution into the syringe, ensuring needle remains in solution. Does not require further dilution. Give by IM injection into a large muscle such as the gluteus or the lateral aspect of the thigh. Rotate injection sites for subsequent injections.															
Additional Information	Intramuscular administration should only be considered when the intravenous route is not possible or less appropriate for the patient. May be reconstituted with Lidocaine 0.5% or 1% for IM administration.														

Information provided relates to CefTAZidime (Wockhardt and GlaxoSmithKline)