



DESCRIPTION	<p>Flucloxacillin is a penicillin antibiotic with narrow spectrum of activity specific to gram-positive organisms, excluding methicillin resistant staphylococcus aureus (MRSA). It interferes with the bacterial cell wall peptidoglycan synthesis resulting in cell lysis^{1,3}</p> <p>Flucloxacillin is indicated for the treatment of confirmed or suspected Staphylococcal infections (e.g. bacteraemia, osteomyelitis, pneumonia, cellulitis).¹</p>
ChAMP INDICATIONS AND RESTRICTIONS	<p>IV and Oral: Category A: Unrestricted</p> <p>This is not a restricted agent. Follow standard ChAMP guidelines where appropriate.</p>
FORMULATIONS	<p>125mg/5mL and 250mg/5mL oral liquid 250mg and 500mg capsules 500mg and 1g powder for injection vial</p>
DOSAGE	<p>The doses listed below fall within the standard range. Higher doses may be prescribed for certain situations. This should be in consultation with Infectious Diseases or Microbiology consultants.</p> <p>IV: Usual dose: 25mg/kg/dose 6 hourly (maximum 12grams/day)^{2,3} Severe infections: 50mg/kg/dose 4 – 6 hourly (maximum 12grams/day)^{2,3}</p> <p>Oral: Usual dose: 12.5mg/kg/dose 6 hourly (maximum 2grams/day)^{2,3} Severe infections: 25mg/kg/dose 6 hourly (maximum 4grams/day)^{2,3}</p> <p>Neonates: Please refer to neonatal clinical care drug protocols Neonatology Clinical Care Unit - Drug Protocols - Services A — Z - Women and Newborn Health Service</p>
DOSAGE ADJUSTMENT	<p>Dosage adjustment required in renal impairment: Dosage adjustment may be required in cases of impaired renal function (with creatinine clearance of less than 10mL/min).¹ http://cahs.hdwa.health.wa.gov.au/data/assets/pdf_file/0003/106986/01_Guidlines_for_calculating_CLcr.pdf</p> <p>CrCl >10mL/minute: normal dose CrCl <10mL/minute: administer 50% dose 6 – 8 hourly to a maximum of 4grams in 24 hours.^{3,4,5}</p>
RECONSTITUTION	<p>IV: Reconstitute 500mg vial with 4.6mL water for injection and 1gram vial with 9.3mL water for injection to give 100mg/mL. Dilute further with a compatible fluid to a concentration of 50mg/mL if giving by IV push.^{1,2,6}</p> <p>Oral (Flucil® brand both strengths): Open foil packaging and reconstitute with 58mL of water as follows: tap bottle until all powder flows freely; add approximately half the total volume of water for reconstitution and shake vigorously to suspend powder. Add remainder of the water and again shake vigorously. Store reconstituted solution in the refrigerator and discard any remaining suspension after 14 days.¹</p> <p>Refer to packaging for the reconstitution instructions for alternative brands and strengths.</p>
ADMINISTRATION	<p>IV bolus:</p>

	<p>Administer 50mg/mL or weaker solution over 3 – 5 minutes^{1,5}</p> <p>IV infusion: Dilute to a suitable volume with diluent and infuse over 20 to 30 minutes. Doses greater than 50mg/kg are best infused to avoid phlebitis.^{1,5}</p> <p>Continuous infusion: May be given over 24 hours by continuous infusion. Contact Pharmacy for advice.</p> <p>Oral: Give on an empty stomach at least 30 minutes before food or 2 hours after food.^{1,2,3}</p>
MONITORING	Renal, hepatic and haematological function should be monitored weekly with prolonged therapy (i.e. longer than 7 days) ³
ADVERSE EFFECTS	<p>Common: transient increases in liver enzymes and bilirubin, diarrhoea, nausea, pain and inflammation at injection site^{1,3}</p> <p>Rare: cholestatic hepatitis, nephrotoxicity, <i>Clostridium difficile</i>-associated disease, electrolyte disturbances, neurotoxicity (usually with high doses, e.g. drowsiness, hallucinations, coma, seizures), bleeding, blood dyscrasias (e.g. neutropenia, which is related to dose and duration of treatment, thrombocytopenia)^{1,3}</p>
COMPATIBLE FLUIDS	<p>Glucose 5%</p> <p>Glucose/sodium chloride solutions</p> <p>Sodium chloride 0.9%</p> <p>Hartmann's⁶</p>
PRECAUTIONS	<p>Flucloxacillin is contraindicated in patients with a history of flucloxacillin or dicloxacillin associated jaundice or hepatic dysfunction.^{1,3}</p> <p>Flucloxacillin is contraindicated in patients with history of severe allergy to penicillins, care should also be taken with cephalosporins and carbapenems as cross reactivity may occur between penicillins, cephalosporins and carbapenems.^{1,3,6}</p> <p>Use with extreme caution in jaundiced neonates or premature infants as it reduces albumin bound bilirubin to 50 – 70% of the baseline concentration.¹</p>
COMMENTS	IV aminoglycoside antibiotics are inactivated by IV cephalosporins, penicillins and teicoplanin. Administration of these agents should be separated by at least 1 hour. If this is not possible, (for example HITH patients) lines should be flushed well with sodium chloride 0.9% before and after giving each medication. ^{6,8}


****Please note:** The information contained in this guideline is to assist with the preparation and administration of **flucloxacillin**. Any variations to the doses recommended should be clarified with the prescriber prior to administration**

References:

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Disclaimer

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