

AMOXYCILLIN (Parenteral)

Trade Name	Ibiamox								
Class	Beta Lactam Antibiotic								
Mechanism of Action	Binds bacterial cell wall proteins and inhibits bacterial cell wall synthesis.								
Indications	<p>Initial treatment for suspected or confirmed neonatal bacterial sepsis (with aminoglycoside or other antibiotic) ie: raised CRP, IT ratio, chorioamnionitis, PROM, maternal GBS, respiratory distress</p> <p>First line drug for <i>Listeria monocytogenes</i> and Enterococci. Active against most <i>Proteus</i> and some <i>E.coli</i> Little activity against <i>Klebsiella</i>, <i>Enterobacter</i>, <i>Pseudomonas</i>.</p>								
Contraindications	Known hypersensitivity to penicillins								
Supplied As	Injection vial 500mg (powder)								
Dilution	IV:								
	Vial	Water Added	Final Volume						
	500mg	4.6mL*	5mL						
	IM:								
	Vial	1% Lignocaine	Final Volume						
	500mg	1.6mL*	2mL						
<p>*500mg of amoxicillin powder displaces 0.4mL of diluent. Note: there are multiple strengths of amoxicillin injection available.</p>									
Dosage	<p>Sepsis: 50 mg/kg/dose Meningitis: 100 mg/kg/dose Maximum 200 mg/kg/day in first week</p>								
Interval	<table border="1"> <thead> <tr> <th>Postnatal Age</th> <th>Interval</th> </tr> </thead> <tbody> <tr> <td>Day 0 - 7</td> <td>12 hourly</td> </tr> <tr> <td>Day 7 onwards</td> <td>8 hourly</td> </tr> </tbody> </table>			Postnatal Age	Interval	Day 0 - 7	12 hourly	Day 7 onwards	8 hourly
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Administration	<p>IV: Slow push over 3- 4 minutes</p> <p>IM: Inject dose into a large muscle (buttock, thigh) IM dose volume should be kept between 0.5 -1mL if possible to decrease the pain for the baby See IM drug guideline in Drugs folder and Handbook</p>								

Compatible With	Dextrose 5 and 10%, lactated ringer's (Hartmanns), Ringer's solution (compound sodium chloride), sodium chloride 0.9%. Note it is preferable to dilute in sodium chloride 0.9% as amoxicillin is less stable in dextrose solutions.										
Incompatible With	Incompatible with TPN, lipid and blood products, Do not mix with other drugs. Incompatible at Y site with aminoglycosides (amikacin, gentamicin, tobramycin)*, ciprofloxacin, imipenem/cilistatin, midazolam potassium chloride, sodium bicarbonate. *Simultaneous administration with aminoglycosides eg: gentamicin may cause inactivation of antibiotic effect, ensure the line is well flushed between antibiotics.										
Monitoring	Levels measurable but not required.										
Stability	Prepare immediately before use, use within one hour as antibiotic quickly degrades and loses potency.										
Storage	Store unopened ampoules below 25°C and protect from moisture and light.										
Adverse Reactions	Rash, urticaria, hypersensitivity, diarrhoea, altered bowel flora, seizures with very high doses >>100 mg/kg IV										
Metabolism	Mostly excreted unchanged in urine. Half life 6 - 6.5 hrs before day 7, 2 hours after day 7.										
Comments	Flush with line with sodium chloride 0.9% after the dose. Sodium content of amoxicillin injection = 2.6 mmol per gram.										
References	<ol style="list-style-type: none"> 1. J Pharm Sciences Nov 1997, 86(11):1288-1292 2. Clin Pharmacokinetic Oct 1990, 19(4): 280-318 3. Neofax 11th edition 1998 4. Waikato drug manual 										
Updated By	<table> <tr> <td>J Hector-Taylor</td> <td>October 1999</td> </tr> <tr> <td>P Schmidt, B Robertshawe</td> <td>October 2005</td> </tr> <tr> <td>A Lynn, B Robertshawe, F Robertson</td> <td>May 2009 (new pumps)</td> </tr> <tr> <td>A Lynn, B Robertshawe</td> <td>June 2012 (re-order profile)</td> </tr> <tr> <td>A Lynn, M Wallenstein, B Robertshawe, A Evison</td> <td>May 2020 (update)</td> </tr> </table>	J Hector-Taylor	October 1999	P Schmidt, B Robertshawe	October 2005	A Lynn, B Robertshawe, F Robertson	May 2009 (new pumps)	A Lynn, B Robertshawe	June 2012 (re-order profile)	A Lynn, M Wallenstein, B Robertshawe, A Evison	May 2020 (update)
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