AMOXYCILLIN (Parenteral)

	6) (5 5:			
Trade Name	Ibiamox® (Douglas Pharmaceuticals)				
Class	Beta Lactam Antibiotic				
Mechanism of Action	Binds bacterial cell wall proteins and inhibits bacterial cell wall synthesis.				
Indications	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 First line drug for Listeria monocytogenes and Enterococci. Active against most Proteus and some E.coli Little activity against Klebsiella, Enterobacter, Pseudomonas.				
Contraindications	Known hypersensitivity to penicillins				
Supplied As	Injection vial 500mg (powder)				
Dilution	IV:				
	Vial	Water Added	Final Volume	Concentration	
	500mg	4.6mL*	5mL	100 mg/ml	
	IM:				
	Vial	1% Lignocaine	Final Volume	Concentration	
	500mg	1.6mL*	2mL	250 mg/ml	
	*500mg of amoxicillin powder displaces 0.4mL of diluent. Note: there are multiple strengths of amoxicillin injection available.				
Dosage	Sepsis: 50 mg/kg/dose Meningitis: 100 mg/kg/dose Maximum 200 mg/kg/day in first week				
Interval		Postnatal Age	Interval		
	-	Day 0 - 7	12 hourly		
		Day 7 onwards	8 hourly		
Administration	IV: Slow push over 3- 4 minutes 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				

Compatible With	Solution: Sodium chloride 0.9%. Dextrose 5 and 10%, Lactated ringer's (Hartmanns) Ringer's solution (compound sodium chloride), Note: it is preferable to dilute amoxicillin in sodium choride 0.9% as amoxicillin is less stable in dextrose solutions. Y-site: there is very limited information about compatibility of amoxicillin with other medications		
Incompatible With	Incompatible with TPN, lipid and blood products,		
	Y site: amikacin*, ciprofloxacin, gentamicin*, imipenem/cilistat midazolam potassium chloride, sodium bicarbonate, tobramycin*.		
	*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	 J Pharm Sciences Nov 1997, 86(11):1288-1292 Clin Pharmacokinetic Oct 1990, 19(4): 280-318 Neofax in www.micromedexsolutions.com Waikato drug manual www.starship.org.nz Trissell IV compatibilities in www.micromedex.com www.micromedex.com www.micromedex.com www.micromedex.com 		
Updated By	J Hector-Taylor P Schmidt, B Robertshawe A Lynn, B Robertshawe, F Robertson A Lynn, B Robertshawe A Lynn, B Robertshawe A Lynn, M Wallenstein, B Robertshawe, A Evison May 2020 (update) A Lynn, B Robertshawe May 2023 (routine review)		