

## ERYTHROMYCIN

### **ACTION and USES**

This antibiotic is used primarily on the neonatal unit to treat Mycoplasma and chlamydial infections. Duration of treatment is 14 days for ureaplasma infections. As the parenteral route is very irritant to veins, it is advisable to change to oral route as soon as possible.

### **DOSAGE**

**IV/ORAL:** 12.5mg/kg every 6 hours – give orally if baby is on >50% milk. If given IV change to oral as soon as possible.

### **ADMINISTRATION**

IV as a short infusion over 60 minutes or as an oral dose

### **RECONSTITUTION**

Parenteral erythromycin is available as a dry powder containing 1g per vial.  
The oral preparation is available as 25mg/ml suspension

#### Erythromycin Solution 50mg/ml

Add 20ml of water for injections to 1g vial of erythromycin and shake well. **This solution MUST be diluted further.**

#### Erythromycin Injection 5mg/ml for Intermittent Infusion

Add 1ml of 50mg/ml erythromycin solution to 9ml of sodium chloride 0.9% injection and shake well to mix.

### **COMPATIBILITIES**

Sodium chloride 0.9%, Neutralised glucose 5% - this is made by adding 2.5ml of sodium bicarbonate 8.4% to 500ml bag glucose 5% and shake well to mix, use immediately do not store.

### **INCOMPATIBILITIES**

Heparin and furosemide. Do not mix or infuse with any other drug.

### **STORAGE**

Use reconstituted intravenous solutions immediately, do not store.  
The reconstituted oral suspension is stable for 7 days after reconstitution.

### **MONITORING**

Observe vein for irritation, phlebitis and thrombophlebitis. Anaphylaxis, angioedema and other hypersensitivity reactions, pruritus, rashes, nausea, diarrhoea and vomiting may occur. Monitor liver function as it has been associated with reversible cholestatic jaundice. May cause increased phenytoin levels. QT interval prolongation, arrhythmias and hypotension – particularly with rapid infusions.