

### **Document control sheet**

GUIDELINE NUMBER	CH PH N 05
AREA IN WHICH THIS MONOGRAPH APPLIES	NICU

#### **DIVISIONAL AUTHORISATION**

GROUP	DATE
Paediatric monograph review group	Oct 2022
Clinical Director – Paediatric BU	Oct 2022
Divisional Clinical Governance Committee – Integrated care	Oct 2022

#### **AUTHORS**

Author	Position	Date
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#### If review:

	Position	Date
Reviewed by:	Senior Pharmacist, Paediatrics	November 2010 version 2
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Reviewed and transferred to new template by:	Sharon Conroy, Senior Pharmacist Paediatrics	November 2019 version 4
Checked by: Harriet Hughes	Advanced Pharmacist, Women's & Children's	November 2019

#### Change history:

Changes Reference	Change details	Date
1	Instructions for preparation updated – further dilution to <60mg/mL removed to align practices across the Trust.  H Hughes, Advanced Pharmacist	18.02.22
	Dosing change in line with new guideline and NICU guidelines	20.07.22

Version , November 2019, Review November 2022. Written by: SC Checked by:

Approved for use:



# Benzylpenicillin – NICU

Presentation:	600mg dry powder vials (other strengths available but not kept on NICU)				
Indication:	See separate full clinical guideline for antibiotics on NICU (NIC IN 02).				
Dose:					
		< 7 days old	25mg/kg	12 hourly	Where clinically unwell, can give 8 hourly
	Neonatal Sepsis	7-28 days old		8 hourly	
		> 28 days old	25mg/kg*		6 hourly
	*Can increase to 50mg/kg 8 hourly in severe infection				
< 7 days old					12 hourly
	Meningitis	7-28 days old	50mg/kg	8 hourly	
		> 28 days old	1115		4-6 hourly
	Doses of 25mg/kg	must be rounde	ed <b>UP</b> to the n	earest 10mg do	ose.
	Doses of 50mg/kg must be rounded <b>DOWN</b> to the nearest 10mg dose to be administered as an IV injection.				
Route of administration:	Doses may be given as a <b>slow IV bolus</b> over 3-5 minutes				
Instructions for	Doses are prepare	d by Pharmacy o	during normal	working hours	(RDH site only). Out-of-hours
preparation:	doses, along with	all doses at QHB	site should be	e prepared on N	IICU and used immediately.
	Using 600mg vials:				
		vater for injectio			e is 0.4ml)
	This produces a concentration of 100mg in 1ml				
	Withdraw req	uired volume for	dose		
	Example: 2 day old	d neonate weigh	ing 1.5kg pres	cribed 70mg do	ose:
		mg = 70mg	3 3,	3	
		ections above to	produce 100r	ng in 1ml.	
		0.7mL (70mg)			
Dunnarihinar		r as a slow IV bo	lus		
Prescribing:	Paper drug chart ( Electronic prescrip	•	(OHB)		
Known	· · · · · · · · · · · · · · · · · · ·		•	ing with sod	ium chloride 0.9% before
compatibility	and after doses	•		_	
issues			-		
Additional	Contra-indicated in known penicillin-allergy. Staff handling benzylpenicillin should take care				
Comments:	to avoid contact w		-		
	Benzylpenicillin may be given at a concentration of 600mg in 4mL (150mg in 1mL) via a				
central venous access device if necessary.					
	N.B. BNF-C recommends that doses ≥ 50 mg/kg should be given over 15–30 minutes to ave CNS toxicity. Slow bolus has been used in UHDB NICU's for many years without appare				
	problem. Practice			DE INICUS JULI	nuny yeurs without apparent
	problem. Fractice	varies arbana (11	c country.		

Note: The contents of this monograph should be read in conjunction with information available in the BNFC and Medusa.

## Derbyshire Children's Hospital Pharmacy Drug Monograph



#### **References:**

British National Formulary for Children, accessed via <a href="www.medicinescomplete.com">www.medicinescomplete.com</a> on 29/8/19

Medusa Injectable Medicines Guide, accessed via

https://medusa.wales.nhs.uk/IVGuideDisplay.asp on 29.8.19

Electronic Medicines Compendium Benzylpenicillin Genus Pharmaceuticals accessed via <a href="https://www.medicines.org.uk/emc/product/3828/smpc#PRODUCTINFO">https://www.medicines.org.uk/emc/product/3828/smpc#PRODUCTINFO</a> on 21.10.19