


NEONATAL MEDICATION PROTOCOLS

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| DRUG: | ACICLOVIR | | | |
| PRESENTATION: | Vial: 250mg / 10mL Tablets: 200mg dispersible tablets | | | |
| ALERTS & RESTRICTIONS |  HIGH RISK Medication | | | |
| | <u>Antimicrobial Restriction: Category B ORANGE Monitored</u> | | | |
| ACTION & INDICATION: | Antiviral agent active against Herpes simplex virus (HSV) type I and II, and Varicella-Zoster virus (VZV) by inhibiting viral replication. Used for the prophylaxis or treatment of HSV infection, and VZV infection. | | | |
| DOSE: | IV: | Corrected Gestational Age | Dose | Frequency |
| | | <30 weeks | 20mg/kg/dose | every 12 hours |
| | | ≥30 weeks | 20mg/kg/dose | every 8 hours |
| | Oral: Consult Microbiologist Oral route is not routinely recommended in neonates as absorption is erratic | | | |
| Duration: Should be discussed with a clinical microbiologist Administer for 2 weeks for cutaneous/visceral neonatal HSV and for 3 weeks for neonatal HSV CNS infection | | | | |
| Renal Impairment: Dose adjustment is required in significant renal impairment. Consult microbiologist or Pharmacy for dosing. | | | | |
| PREPARATION: | IV: Use solution prepared by CIVAS if available. If premade solution is not available, use the following process to prepare a 5mg/mL solution Diluent: 0.9% Sodium Chloride Withdraw 1mL from vial and dilute to 5mL = 5mg/mL Oral: Disperse one 200mg tablet in 20mL of water = 200mg/20mL | | | |
| ADMINISTRATION: | IV Infusion: Infuse over 60 minutes via syringe pump. Discard the solution if any visual turbidity or crystallisation occurs before or during administration. Use central line if available. Aciclovir is highly alkaline and can cause severe extravasation injury . Empirical therapy may be given via a peripheral line. Long term treatment, consider giving via a central line. Discard any remaining solution immediately after use. Oral: Discard dispersed tablet immediately after use. | | | |
| ADVERSE EFFECTS: | Renal dysfunction with increasing urea and creatinine – risk increased by dehydration, bolus injection or other nephrotoxic drugs. Ensure adequate hydration prior to and during therapy to avoid drug crystallisation in renal tubules. Inflammation at injection site Blood dyscrasias (Neutropenia) | | | |
| MONITORING: | Monitor urine output, renal and hepatic function twice weekly Full Blood Count (FBC) weekly – can cause neutropenia | | | |
| COMMENTS: | Do not refrigerate – drug may precipitate from solution. Caution if used with other nephrotoxic drugs such as Vancomycin and Gentamicin | | | |
| REFERENCES: | Neonatal Pharmacopoeia 2 nd Ed 2005, Neofax 2014, Pharmacy Department, The Royal Women's Hospital Melbourne, Therapeutic Guidelines. Antibiotic 15 th Ed 2014., Pinninti SG, et al. Management of neonatal herpes simplex virus infection and exposure. Arch Dis Child Fetal Neonatal Ed 2014;99:F240–F244 | | | |