DRUG:	**VALGANCICLOVIR**
ALERTS & RESTRICTIONS:	**HIGH RISK Medication** **Antimicrobial Restriction: RED Restricted**
PRESENTATION:	Oral suspension: 50mg/mL (Powder for reconstitution)
ACTION & INDICATION:	Antiviral drug used for the treatment of congenital cytomegalovirus (CMV) infection. Valganciclovir is a prodrug that is converted in the body to the active drug ganciclovir.
DOSE:	Oral:16mg/kg every 12 hours Oral doses will need to be assessed every 4 weeks and, based on weight gain, incrementally increased. Treatment guidelines for the use of ganciclovir in congenital CMV infection are evolving. Microbiology or Infectious Diseases Physician advice regarding therapy including duration is advised.
PREPARATION:	Use solution Prepared in Pharmacy
ADMINISTRATION:	Oral: Administer with feeds to enhance absorption
HANDLING:	**Medication**: No contact precautions are required when handling the reconstituted suspension. If a spill occurs onto the skin, wash with warm soapy water. **Disposing of body fluids – nappies** • All children who wear nappies and who are receiving valganciclovir treatment or have had it in the previous 48 hours should wear disposable nappies • When changing nappies always wear gloves – ensure that parents are aware of this and that they have a supply of them. • The nappies and gloves should be placed in a plastic bag, sealed and then placed in the purple cytotoxic waste bag, or in the home setting should be placed in a bag that is sealed and so limit the chance of accidental exposure. **Weighing of soiled nappies** • Often the child requires an accurate fluid balance assessment and the nappies will need to be weighed. Therefore, place the nappy in a plastic bag before putting it on the scales • Dispose of as above Nappies should not be left lying around on top of equipment, waiting to be weighed. Try to deal with them as soon as they are changed but if this is not possible, ensure that they have put them in a suitable place eg; plastic bag

ADVERSE EFFECTS:	Neutropenia and thrombocytopenia. Seek specialist advice if haematological abnormalities develop. Fever, rash, abnormal liver function test results, chills, dysrhythmias, agitation, diarrhoea, tremor, haematuria
MONITORING:	Dose modification may be based on serum level monitoring. Serum ganciclovir monitoring should be performed at least fortnightly. Liaise with Microbiology Department BEFORE sample collection. Two 1mL blood samples in EDTA tubes. First level: Trough: immediately prior to dose. Second level: Peak: 2 hours post dose. FBP and LFT's should be monitored at least fortnightly. Serum monitoring of CMV DNA load is also recommended. Collect 1mL EDTA blood sample in a separate tube IN ADDITION to the ganciclovir assay samples.
COMMENTS:	Increase dose interval with renal impairment Discard the oral suspension 49 days after reconstitution Store at 2-8^{o}C
REFERENCES:	British Neonatal Formulary for Children 2010-11 Paediatric and Neonatal Dosage Handbook 2014 21st Ed Galli et al The Pediatric Infectious Disease Journal 2007:26:5;451-3 Schulzke S, Bührer C. Eur J Pediatr 2006: 165;575-576 Lombardi et al Eur J Clin Microbiol Infect Dis Published online 11.09.2009 MidCentral Health Board Guidelines for cytotoxic waste disposal