

FLUCLOXACILLIN

SYNONYMS	Floxacillin sodium
BRAND NAME	FLUBICLOX, FLUCIL, FLUCLOXACILLIN DBL
DRUG CLASS	Penicillin antibiotic
AVAILABILITY	Vial contains 500 mg, 1 g or 2 g of flucloxacillin sodium. ¹ 1 g of flucloxacillin sodium contains 2.2 mmol of sodium. ^{1,2} 2 g of flucloxacillin sodium contains 4.52 mmol of sodium. ¹
WARNING	Contraindicated in patients with severe or non-severe immediate (IgE mediated) or delayed (T-cell mediated) hypersensitivity to penicillins. Pain and phlebitis are common and can be severe. ³ Use a central line (or PICC) for prolonged treatment and for continuous infusions.
pH	Approximately 5–7 when reconstituted ⁴
PREPARATION	For IM use: reconstitute the 500 mg vial with 2 mL of water for injections and the 1 g vial with 2.5 mL of water for injections or lidocaine 1%. ¹ For IV use: reconstitute the 500 mg vial with 10 mL of water for injections, the 1 g vial with 15–20 mL of water for injections or the 2 g vial with 40 mL of water for injections. ¹ If a part-dose is required, reconstitute the 500 mg vial with 4.6 mL or the 1 g vial with 9.3 mL of water for injections to make a concentration of 100 mg/mL. ¹ The reconstituted solution is clear. ⁴ Powder volume: 500 mg – 0.4 mL, 1 g – 0.7 mL, 2 g – 1.5 mL ¹
STABILITY	Vial: store below 25 °C. Protect from light. ¹ Reconstituted solution: use immediately. ¹ Infusion solution: stable for 24 hours at 2 to 8 °C. ¹ Concentrations of 5 mg/mL and 60 mg/mL in sodium chloride 0.9% prepared in a sterile production unit are stable for 3 days at 2 to 8 °C. ⁵ Buffered solutions for CoPAT use: Concentrations of 5 mg and 60 mg/mL in citrate-buffered sodium chloride 0.9% are stable for 24 hours at 37 °C. Use 4.7 mL of sodium citrate 4% to reconstitute the 1 g vial. ⁵ Concentrations of 10 mg/mL and 50 mg/mL in citrate-buffered saline are stable for 24 hours at 32 °C. ⁶ Concentrations of 50 mg/mL and 120 mg/mL in phosphate-buffered sodium chloride 0.9% are stable for 24 hours at 37 °C. ⁷ Buffered solutions prepared in a sterile production unit are stable for 14 days at 2 to 8 °C. ^{6,7} Unbuffered solutions for CoPAT use: Concentrations of 50 mg/mL in sodium chloride are stable for 24 hours at 31 °C. ⁸ Stable for less than 12 hours at 37 °C. ^{7,8} For 24 hour continuous infusions use a buffered solution or consider splitting the dose and providing as two 12 hour infusions, store the second bag at 2 to 8 °C until ready to use. ⁹

ADMINISTRATION

- IM injection** Suitable¹
- SUBCUT injection** Not recommended
- IV injection** Inject the dose slowly over 3 to 4 minutes.¹ A dose of 2 g can be injected over 6 to 8 minutes, however infusion is preferred as phlebitis is common.
- IV infusion** Preferred route for large doses e.g. 2 g. Dilute the dose in a suitable volume of compatible fluid and infuse over 20 to 30 minutes.¹
The total daily dose (8 to 12 g) may be given as a 24 hour continuous infusion in the community setting.⁹ See STABILITY
- Other** Suitable for intrapleural and intra-articular use.¹
- IV use for infants and children** Dilute to 50 mg/mL or weaker and infuse over 30 to 60 minutes.¹⁰
May be given by IV injection over 3 to 4 minutes however pain and phlebitis are common and can be severe.^{1,10}

COMPATIBILITY

- Fluids** Glucose 5%^{1,2}, glucose in sodium chloride solutions^{1,2}, Hartmann's², Plasma-Lyte 148 via Y-site¹¹, sodium chloride 0.9%^{1,2}
- Y-site** No information

INCOMPATIBILITY

- Fluids** Blood products¹, protein-containing fluids¹
- Drugs** Aminoglycosides: amikacin, gentamicin, tobramycin¹, amiodarone², atropine², buprenorphine², calcium gluconate², ciprofloxacin², dobutamine², erythromycin², lorazepam¹², metoclopramide², midazolam¹², morphine sulfate², pethidine², promethazine², vancomycin¹², verapamil²

REFERENCES

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