South Australian Neonatal Medication Guidelines

clindamycin

150mg/mL injection, 150mg oral capsule

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

Clindamycin phosphate, Clindamycin hydrochloride

Dose and Indications

Infection due to susceptible organisms

Intravenous, Oral

Infectious Disease consultation is usually required prior to commencing therapy, refer to local anti-microbial policy

5 to 7.5mg/kg/dose

Corrected Age (weeks) [Gestational Age PLUS Postnatal Age]	Postnatal age (days)	Frequency (hours)
<30	≤ 28	every 12 hours
	> 28	every 8 hours
30 to 36	≤ 14	every 12 hours
	> 14	every 8 hours
37 to 44	≤ 7	every 12 hours
	> 7	every 8 hours

Length of treatment should be guided by pathology and clinical picture; however in proven sepsis treatment should continue for a minimum of 7 days.

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Preparation and Administration

Intravenous

Dilute 1mL of clindamycin 150mg/mL with 14mL compatible fluid (total volume 15mL). The resulting solution contains clindamycin 10mg/mL solution.

Dose	2.5mg	5mg	7.5mg	10mg	12.5mg	15mg
Volume	0.25mL	0.5mL	0.75mL	1mL	1.25mL	1.5mL

May be further diluted in a compatible fluid

Administer as an intravenous infusion over at least 30 minutes

Oral

Disperse one capsule (150mg) in 15mL of water for injection. The resulting oral solution contains clindamycin 10mg/mL.

Dose	2.5mg	5mg	7.5mg	10mg	12.5mg	15mg
Volume	0.25mL	0.5mL	0.75mL	1mL	1.25mL	1.5mL

Discard any remaining.

Compatible Fluids

Glucose 5%, glucose 10%, glucose/sodium chloride solutions, sodium chloride 0.9%

Adverse Effects

Common

Diarrhoea, vomiting, abdominal pain, rash

Infrequent

Clostridium difficile-associated disease

Rare

Anaphylaxis, blood dyscrasias, polyarthritis, jaundice, raised liver enzymes, hepatotoxicity
Intravenous: hypotension, cardiac arrest (rapid injection), thrombophlebitis

Monitoring

- Hepatic function
- Gastrointestinal status
- Full blood count and renal function during prolonged treatment

Practice Points

- Discontinue if severe diarrhoea develops
- Diarrhoea, colitis and pseudomembranous colitis have been reported and may begin up to several weeks after cessation of therapy
- Some brands of clindamycin injection contain benzyl alcohol which has been associated with serious adverse events including “gasping” syndrome in neonates

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