



MONOGRAPH

Cefuroxime Monograph - Paediatric

Scope (Staff):	Medical, Pharmacy, Nursing
Scope (Area):	All Clinical Areas

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [DISCLAIMER](#)

QUICKLINKS

Dosage/Dosage Adjustments	Administration	Compatibility	Monitoring
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DRUG CLASS

Moderate spectrum (2nd generation) cephalosporin.^(1, 2)

INDICATIONS AND RESTRICTIONS

Cefuroxime liquid is a ****Special Access Scheme product****. [SAS application\(s\)](#) must be completed in accordance with [TGA regulations](#). Cefuroxime tablets are TGA registered and available on Formulary.

Cefuroxime is used in ear, nose and throat infections and respiratory tract infections in patients with a low risk penicillin allergy.⁽³⁾

Oral: Monitored (orange) antibiotic

- If the use is consistent with a standard approved indication, this must be communicated to ChAMP by documenting that indication on all prescriptions (inpatient and outpatient).
- The ChAMP team will review if ongoing therapy is required and/or if the order does not meet [ChAMP Standard Indications](#)
- If use is not for a standard approved indication, phone approval must be obtained from ChAMP before prescribing.



CONTRAINDICATIONS

- Hypersensitivity to cefuroxime, a history of [high risk allergy](#) to cephalosporins or any component of the formulation. Cefuroxime may be prescribed in selected patients with high-risk allergy to another Beta-lactam sub-class (e.g. some penicillins, carbapenems) in discussion with Immunology.⁽²⁻⁶⁾
- In patients with a previous [low risk reaction](#) to cefuroxime or another cephalosporin (delayed rash [>1 hr after initial exposure] without mucosal or systemic involvement) the risk of subsequent reaction is low. Oral challenge may be acceptable in discussion with Immunology.

PRECAUTIONS

- Phenylketonuria - oral liquid contains aspartame.^(3, 5)

FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- 125 mg/5 mL oral suspension for reconstitution (Special Access Scheme product)
- 250 mg tablet

Imprest location: [Formulary One](#)

DOSAGE & DOSAGE ADJUSTMENTS

Neonates and infants < 3months: Not routinely used in neonates and infants <3 months old. Consider an alternative antibiotic.⁽⁷⁾

The bioavailability of the tablets is greater than the suspension formulation.⁽⁵⁾

Oral:

Child ≥ 3 months: 15 mg/kg/dose (to a maximum of 500 mg) twice daily.^(1, 5)

For suggested dose bands see below: ^(8, 9)

Weight	Suggested dose bands for tablets	Number of 250 mg tablets
< 7.5 kg and ≥ 3 months of age	15 mg/kg/dose given twice daily using suspension formulation	Not applicable
≥ 7.5 kg to < 10 kg	125 mg twice daily	Half a 250 mg tablet
≥ 10 kg to < 15 kg	187.5 mg twice daily	Three quarters of a 250 mg tablet
≥ 15 kg to < 21 kg	250 mg twice daily	One 250 mg tablet
≥ 21 kg to < 30 kg	375 mg twice daily	One and a half of the 250 mg tablets
≥ 30 kg	500 mg twice daily	Two 250 mg tablets

Dosing in Overweight and Obese Children: Dose on measured body weight.⁽¹⁰⁾

Renal impairment:

- [eGFR calculator](#)
- Dosage adjustment may be required in cases of impaired renal function (with creatinine clearance of less than 10 mL/min).
- The doses below are for oral therapy only.
- eGFR >10 mL/minute/1.73m²: normal dose⁽⁶⁾
- eGFR ≤ 10 mL/minute/1.73m²: 15mg/kg/dose (to a maximum of 500mg) given 24 hourly.⁽⁶⁾

Renal impairment increases the risk of neurotoxicity and neutropenia.⁽³⁾

Hepatic impairment:

- There are no specific recommendations regarding the use of cefuroxime in hepatic impairment, it appears that dose adjustment is not necessary.⁽⁶⁾

RECONSTITUTION & ADMINISTRATION

Oral suspension - reconstitution:

- The Australian registered suspension was discontinued. Refer to individual product information for the replacement Special Access Scheme product if the liquid is required.

Administration:

- Cefuroxime is best taken with a light meal to increase absorption.^(3, 5, 6)
- Tablets are best swallowed whole as they have a bitter taste. If unable to swallow the tablets, they may be crushed and mixed with food (e.g. a spoonful of yoghurt)^(6, 11)
- The tablets are not scored, if part doses are required, a tablet cutter should be used to portion the tablets.

MONITORING

- Renal, hepatic and haematological function should be monitored weekly with prolonged therapy (courses longer than 10 days).^(3, 5)

ADVERSE EFFECTS

Common: Eosinophilia, thrombocytopenia, leucopenia, neutropenia, diarrhoea, nausea, vomiting, rash, dizziness, abdominal discomfort, headache, allergic reactions (including rashes, fever, arthralgia).⁽³⁻⁶⁾

Infrequent: elevated liver enzymes, anaphylaxis, angioedema⁽⁴⁾

Rare: Severe cutaneous adverse reactions (SCARs), renal impairment, arthritis, interstitial nephritis, transient hepatitis, haemolytic anaemia, serum sickness⁽³⁻⁶⁾

STORAGE

- **Tablets:** Store below 25°C.⁽²⁾
- **Suspension:** Refer to individual product information.

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

Please note: The information contained in this guideline is to assist with the preparation and administration of **cefuroxime**. Any variations to the doses recommended should be clarified with the prescriber prior to administration

Related CAHS internal policies, procedures and guidelines

[Antimicrobial Stewardship Policy](#)

[ChAMP Empiric Guidelines and Monographs](#)

[KEMH Neonatal Medication Protocols](#)

References

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