



MONOGRAPH

Clindamycin 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

Lincosamide antibiotic⁽¹⁾

INDICATIONS AND RESTRICTIONS

Clindamycin is indicated in the treatment of serious infections caused by Gram positive bacteria resistant to other agents (e.g. Methicillin resistant *Staphylococcus aureus* [MRSA]) or in patients allergic to other agents (e.g. penicillin and/or cephalosporin allergy) and as an adjunct to standard beta-lactam antibiotics in specific clinical situations (e.g. invasive Group A Streptococcal infections).^(1, 2)

Oral and topical: Unrestricted (green) antibiotic

This is not a restricted agent. Follow standard ChAMP guidelines where appropriate.

IV: 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 clindamycin, lincomycin or any component of the formulation.^(1, 3-5)

PRECAUTIONS

- Hypotension and cardiac arrest have been reported with rapid intravenous administration. Clindamycin should be diluted to a final concentration of 18mg/mL or less and the rate of administration should NOT exceed 30mg/minute.⁽⁶⁾
- The IV preparation contains benzyl alcohol which has been associated with gasping syndrome in neonates, it should be used with caution.^(3-5, 7)
- Clindamycin should be used with caution in patients with a history of pseudomembranous colitis associated with clindamycin or other lincosamide antibiotics (administered orally, intravenously or topically), and in patients with ulcerative colitis or enteritis.^(4, 7)
- Patients, parents and carers should be instructed to cease therapy and contact the prescriber if any diarrhoea develops whilst on clindamycin and up to 2 months after ceasing therapy.^(1, 5, 7)

FORMULATIONS

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

- 150mg Capsules
- 600mg/4mL Solution for Injection
- 1% topical solution
- clindamycin 1% with benzoyl peroxide 5% gel (Duac[®] Once Daily Gel)

Imprest location: [Formulary One](#)

DOSAGE & DOSAGE ADJUSTMENTS

Neonates: [Refer to Neonatal Medication Protocols](#)

[Dosing in Overweight and Obese Children:](#) Dose based on measured body weight.⁽⁸⁾

IV: ≥4 weeks to 18 years

- **Note:** Clindamycin has excellent oral bioavailability (90%). Consider step down to oral antibiotic therapy when clinically appropriate.⁽⁶⁾
- **Usual dose:** 10mg/kg/dose (to a maximum of 450mg) given 8 hourly.^(1, 5, 9)
- **Severe infections:** 15mg/kg/dose (to a maximum of 600mg) given 8 hourly.^(1, 9)
- **HiTH patients:** 30-40mg/kg/DAY via continuous infusion (maximum total daily dose of 2.4grams) via a Baxter[®] infusor.
- **Surgical prophylaxis:** 15mg/kg (to a maximum of 600mg) as a single dose within 120 minutes before surgical incision. A repeat dose is required if the operation is > 6 hours. If further post-surgical doses are required, standard IV dosing (above) should be used.

Oral: ≥4 weeks to 18 years:

- **Usual dose:** 10mg/kg/dose (to a maximum of 450mg) given 8 hourly.^(1, 9)
- **Severe infections:** 10mg/kg/dose (to a maximum of 450mg) given 6 hourly.⁽²⁾

Topical

- Topical clindamycin preparations must be used in combination with other topical agents to limit the development of resistance.⁽¹⁾
- **Gel** (only indicated for acne): apply once daily in the evening.⁽³⁾
- **Topical solution** (only indicated for acne): apply approximately 2mL twice daily for up to 12 weeks.⁽³⁾

Renal impairment:

- [eGFR calculator](#)
- No dosage adjustments are recommended for patients with renal impairment. The half-life of clindamycin is slightly extended in severe renal impairment.^(4, 5)

Hepatic impairment:

- No dosage adjustments are recommended for patients with hepatic impairment. The half-life of clindamycin is extended in severe hepatic impairment, although no specific dosage adjustment is recommended.^(4, 5)

ADMINISTRATION**IV infusion:**

- Dilute to a final concentration of 18mg/mL or weaker and infuse over 10 – 60 minutes at a rate no greater than 30mg/minute OR 20mg/kg/hour whichever is less.^(4, 6, 7)

Continuous infusion:

- May be given over 24 hours by continuous infusion⁽⁶⁾ via a Baxter[®] infusor.

Oral:

- Clindamycin may be taken without regard to food intake. Taking clindamycin with food may help reduce the incidence of gastrointestinal adverse effects.⁽⁴⁾
- If the patient is unable to swallow capsules and/or the dose is not a multiple of 150mg then the capsule(s) may be opened and the contents of the capsule(s) dissolved in water (for example, the contents of a 150mg capsule is dissolved in 3mL of water to give a 50mg/mL solution).⁽¹⁰⁾
- The contents of the capsule may be mixed in juice or soft food to disguise the taste. (Note: clindamycin solution is extremely unpalatable – ensure a test dose is given to ensure tolerability).^(1, 10)

COMPATIBILITY (LIST IS NOT EXHAUSTIVE)**Compatible fluids:**

- Glucose 5%
- Glucose/ sodium chloride solutions
- Sodium chloride 0.9%
- Hartmann's⁽⁶⁾

Compatible at Y-site:

[Compatibilities of IV drugs](#) must be checked when two or more drugs are given concurrently.

MONITORING

- Hepatic function, renal function and full blood picture should be monitored weekly with prolonged therapy (i.e. longer than 7 days).^(1, 3-5, 7)

ADVERSE EFFECTS

Common: contact dermatitis (with topical use), diarrhoea (mild-to-severe), nausea, vomiting, abdominal pain or cramps, rash, itch.^(1, 7)

Infrequent: *Clostridioides difficile*-associated disease⁽¹⁾

Rare: pseudomembranous colitis, serious cutaneous adverse reactions (SCARs), taste disturbance, anaphylaxis, blood dyscrasias, polyarthritis, jaundice, hepatotoxicity (with high doses).^(4, 5, 7)

With IV use: hypotension and cardiac arrest (with rapid injection), thrombophlebitis.⁽¹⁾

STORAGE**IV solution:**

- Store ampoules (Dalacin[®] C brand) and products prepared by Pharmacy Compounding Service (PCS) at 2-8°C.^(3, 6)
- Alternative brands may be stored below 25°C (e.g. Mylan[®] brand), check packaging for storage requirements.^(3, 6)

Oral capsules:

- Oral capsules should be stored below 25°C and protect from light.⁽³⁾

Topical preparations:

- Clindamycin gel (Duac[®]) should be stored between 2°C and 8°C. The gel must be discarded two months after opening.⁽³⁾
- Clindamycin solution should be stored below 30°C and protected from light.⁽³⁾

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 **clindamycin**. 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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