

**VANCOUVER GENERAL HOSPITAL  
CSU PHARMACEUTICAL SCIENCES  
NON-FORMULARY DRUG DATA SHEET**

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**DRUG NAME**

Cefepime  
("Fourth generation" cephalosporin antibiotic)

**ALTERNATE NAME**

MAXIPIME™  
Bristol-Myers Squibb

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**STRENGTH**

1 g and 2 g vials

**DOSAGE FORM**

Parenteral

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**INDICATIONS**

- Treatment of systemic infections caused by susceptible microorganisms
- Broad-spectrum of activity includes Gram-positives (*Streptococcus pneumoniae* and *Staphylococcus* except MRSA) and Gram-negatives (*E. coli*, *H. influenzae*, *Klebsiella pneumoniae*, and *Pseudomonas aeruginosa*).

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**RECONSTITUTION AND STABILITY**

- Vials stable at room temperature
- For IV use - reconstitute vials with 10 mL sterile water, D5W, or NS
- For IM use – reconstitute 1 g vial with 2.4 mg sterile water to make a final concentration of 280 mg/mL
- Reconstituted or diluted solutions stable for 24 hours at room temperature and for 72 hours in refrigeration

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**COMPATIBILITY**

- Compatible with NS, D5W

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**ADMINISTRATION**

- IM - deep into large muscle; reconstitute to final concentration of 280 mg/mL
- IV direct - Give slowly over 3 to 5 minutes
- IV intermittent – Dilute dose in 50-100mL and infuse over over 30 minutes

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**DOSAGE**

- 1-2 g IV Q8-12H
- Dosage adjustments required in renal impairment

<b>Creatinine Clearance</b>	<b>Dosage</b>
30-50 mL/minute	1-2 g Q12H
< 30 mL/minute	1-2 g Q24H
Hemodialysis	1 g initially, then 500mg Q24H, give dose post-HD
CAPD	1-2 g Q48H

- No adjustments is required for impaired hepatic function

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**SIDE EFFECTS**

- Contraindicated in patients with previous hypersensitivity reactions to cephalosporins; cross-sensitivity with penicillins is possible
- Gastrointestinal symptoms (nausea, vomiting, diarrhea), phlebitis, pain, inflammation at injection site, hypersensitivity reactions (rash, pruritis)
- Encephalopathy, myoclonus, and seizures (rare) – if dosages not renally adjusted