

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

DRUG NAME

Cefepime
("Fourth generation" cephalosporin antibiotic)

ALTERNATE NAME

MAXIPIME™
Bristol-Myers Squib

STRENGTH

1 g and 2 g vials

DOSAGE FORM

Parenteral

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*).

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

COMPATIBILITY

- Compatible with NS, D5W

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

DOSAGE

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

Creatinine Clearance	Dosage
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

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