Benzylpenicillin

This is a PENICILLIN		
Form	600mg vial	Store at room temperature
Reconstitution	**Intravenous** Add 4mL WFI to each 600mg vial. **Dilute further before IV Injection/Infusion** **Intramuscular** Add 2mL WFI to each 600mg vial.	
Compatibility & Stability	Sodium Chloride 0.9% Glucose 5%	
Administration	**IV Injection** Draw up entire contents of 600mg vial (4mL) and dilute to 10mL with WFI* Administer each 600mg vial by IV injection over at least 2 minutes (not faster than 300mg/min). If a part vial is required, withdraw dose and dilute to a concentration of approximately 60mg in 1mL with water for injections.	
	IV Infusion After reconstitution, dilute total dose with 100mL infusion fluid and infuse over 30 - 60 minutes. Patients with **renal impairment/heart failure**: dilute with glucose 5% for IV infusion* **Fluid restriction** A 50mL infusion may be used or doses of 2.4g or less if required. The residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing.	
	IM Injection Maximum 1.2g as single dose.	
Extravasation	Undiluted benzylpenicillin (150mg in 1mL) has a high osmolarity, it may cause tissue damage if extravasation occurs. Preferably dilute as recommended above for peripheral administration to reduce this risk.	
Additional Information	• Benzylpenicillin is also referred as **Penicllin G** is some clinical guidelines. • One mega unit = 600mg. • *Patients with **renal impairment/heart failure**: dilute with glucose 5% for IV infusion due to the risk of sodium overload if sodium chloride 0.9% is used. Benzylpenicillin sodium has a high sodium content 1.68mmol sodium per 600mg vial • Water for injections is recommended for reconstituting and diluting for IV injection as it reduces the osmolarity further compared to sodium chloride 0.9% giving an acceptable osmolarity for peripheral administration. Sodium chloride 0.9% does not lower the osmolarity enough for peripheral administration by IV injection. However, for IV infusion benzylpenicillin can be diluted with sodium chloride 0.9% as the resultant osmolarity is acceptable for peripheral administration	

	• For intravenous doses in excess of 1.2g (2 mega units) give slowly, taking at least one minute for each 300mg to avoid high levels causing irritation of the central nervous system and/or electrolyte imbalance. • Avoid skin contact as may cause sensitisation

Information provided relates to Crystapen® (Clonmel and Genus).