Daptomycin

Daptomycin dosing is weight based; ensure accuracy of documented weight before administration

Reserve Antimicrobial
See CUH Antimicrobial Guidelines on Eolas for further information

Form & Storage	350mg or 500mg dry powder vial	Store at 2–8°C vials in fridge
Reconstitution	Reconstitute 350mg vial with 7mL or 500mg vial with 10mL sodium chloride 0.9% to give a final concentration of 50mg per 1mL. Inject the diluent slowly down the side of the vial. Rotate the vial to completely wet the powder and allow to stand for 10 minutes. Gently swirl the vial for a few minutes to obtain a clear reconstituted solution. Do not shake as this will cause foaming of the product. The product takes approximately 15-20 minutes to dissolve. The reconstituted solution ranges in colour from pale yellow to light brown.	
Compatibility & Stability	Sodium chloride 0.9% **ONLY** **From a microbiological point of view, should be used immediately.**	
Administration	**IV Injection** After reconstitution, give by slow IV injection over 2 minutes. **IV Infusion** After reconstitution, dilute the required reconstituted dose into 50mL compatible fluid. Infuse over 30 minutes. If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely.	
Monitoring	Creatinine phosphokinase (CPK) should be monitored at baseline and at least once weekly during therapy (more frequently if GFR less than 30mL/min). Any patient that develops unexplained muscle pain, tenderness, weakness or cramps should have CPK levels monitored every 2 days.	
Extravasation	Extravasation is likely to cause tissue damage due to low pH.	
Additional Information	Cases of interference between daptomycin and a reagent used in some assays of prothrombin time (PT) and INR have led to an in-vitro prolongation of PT and elevation of INR. To minimise this risk, PT or INR samples should be taken immediately prior to the time of the daptomycin dose.	

Information provided relates to Cubicin® (MSD) and Daptomycin (Accord)

This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications.
Further information is available from Pharmacy on 22146 or 22542