

Erythromycin

Erythromycin dosing may be weight based; ensure accuracy of documented weight before administration	
Form	1g dry powder vial
Reconstitution	Add 20mL WFI to each 1g vial to give 50mg/mL solution. Dilute further before administration.
Compatibility & Stability	From a microbiological point of view, should be used immediately; however: Prepared infusions should be used within 8 hours of preparation to ensure potency.
Administration	IV Infusion ONLY Add 250 - 500mg of erythromycin to 100mL of infusion fluid and infuse over 1 hour. Add 1g of erythromycin to 250mL of infusion fluid and infuse over 1 hour. Preferably administer via a central venous access device to avoid potential venous irritation. If given peripherally, choose a large vein and monitor the injection site closely.
Extravasation	Erythromycin is an irritant and may cause thrombophlebitis and tissue damage.
Additional Information	 Erythromycin is not first line for most infections in CUH – seek advice from pharmacy/micro/ID if not for gastro-intestinal stasis. Erythromycin may be used for gastro-intestinal stasis, but it is not licensed for this indication. Erythromycin has excellent oral bioavailability. Consider IV to oral switch, if appropriate. A longer period of infusion should be used in patients with risk factors or previous evidence of arrhythmias. See CUH Antimicrobial Guidelines on Eolas for further information.

Information provided relates to Erythrocin® manufactured by Amdipharm.