

Erythromycin

Not first line in CUH for treatment of infection- seek advice from pharmacy/microbiology for alternative agent	
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	Sodium Chloride 0.9% ONLY
Administration	IV Infusion <ul style="list-style-type: none"> Add 500mg -1g of erythromycin to 250mL of infusion fluid and infuse over 1 hour. Add doses of 500mg or less to 100mL of infusion fluid and infuse over 1 hour. Give over longer than 60 minutes to adults with risk factors or previous evidence of arrhythmias. 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. <p>Fluid restriction: Add 1g to 100ml infusion fluids, and administer via central line. Monitor carefully. If catheter in ventricle can cause extension of Q-R interval.</p>
Extravasation	Erythromycin is an irritant and may cause thrombophlebitis and tissue damage.
Additional Information	<ul style="list-style-type: none"> 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. Caution! Significant drug interactions - See CUH Antimicrobial Guidelines on Eolas for further information.

Information provided relates to Erythrocin® (Amdipharm)
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