

## Foscarnet

<b>Reduce direct handling to a minimum and wear appropriate personal protective equipment</b>		
<b>Reserve Antimicrobial</b> See CUH Guidelines on Eolas for further information		
<b>CAUTION: High Administration Risk Rating</b>		
<b>Form</b>	250mL bottle containing 6g foscarnet, 24mg/mL	Store at room temperature
<b>Reconstitution</b>	Already in solution	
<b>Compatibility &amp; Stability</b>	Sodium chloride 0.9% Glucose 5%	
<b>Administration</b>	<b>IV Infusion</b> <b>Central (preferred)</b> May be given undiluted via a central venous access device. Give doses of <60mg/kg over at least one hour and doses >60mg/kg over 2 hours using an infusion pump.  <b>Peripheral</b> <b>Doses ≤ 6000mg</b> Remove a volume of infusion fluid from a 500ml bag <b>to leave</b> an equal volume to the drug solution in the bag (because this method means that the drug will be diluted 50:50 (i.e. to produce 12mg/mL)) Add in the foscarnet solution  <b>Doses 6,000-12,000mg</b> Remove a volume of infusion fluid from a 1000ml bag <b>to leave</b> an equal volume to the drug solution in the bag (because this method means that the drug will be diluted 50:50 (i.e. to produce 12mg/mL)) Add in the foscarnet solution  <b>Doses &gt; 12,000mg consider central line</b> Calculate required dose, and withdraw excess drug from infusion bottle and discard it. Administer the volume left in the infusion bottle (the required dose) over 120 minutes (60 minutes for doses of 60mg/kg or less) while at the same time piggybacking 1000ml sodium chloride 0.9% through the same catheter/cannula as the foscarnet infusion (at the same rate as foscarnet) This dilutes the injection solution to the required concentration as it is being administered.	
<b>Monitoring</b>	Monitor electrolytes, particularly calcium and magnesium. Monitor serum creatinine every second day during induction and every week during maintenance.	
<b>Additional Information</b>	<ul style="list-style-type: none"> <li>• Contact with the skin or eye may cause local irritation and a burning sensation. Rinse the affected area with water.</li> <li>• <b>Ensure the patient is well hydrated before and during treatment.</b> The patient should receive IV hydration with 500-1000mL of sodium chloride 0.9% with each infusion. Clinically dehydrated patients should have their condition corrected before</li> </ul>	

*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*

	<p>initiating foscarnet therapy. The volume of IV hydration fluid may be decreased if clinically appropriate therefore exercise clinical judgement.</p> <ul style="list-style-type: none"> <li>As the drug is supplied in glass bottles, precautions need to be taken during administration to <b>prevent possible air embolism</b> - particularly in central line administration. To prevent possible air embolism, bottles must be vented in one of two ways: directly by means of a filter needle into the bottle which goes through the rubber stopper and opens into the air, or using a vented administration line.</li> <li>Foscavir® is considered high in sodium – 60mmol sodium per 250mL bottle</li> <li>Unlicensed medication in Ireland</li> </ul>
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**Information provided relates to Foscavir® (Clinigen Healthcare)**