

## Meropenem & Vaboractam (Vaborem®)

<div>SALAD</div> <div>Contains a <b>PENICILLIN-like</b> structure</div> <div>May be appropriate in penicillin-allergic patient. Refer to CUH Antimicrobial Guidelines on Eolas for further information before administration</div>										
<div>Reserve Antimicrobial</div> <div>See CUH Antimicrobial Guidelines on Eolas for further information</div>										
Form	Vial contains meropenem 1g and vaboractam 1g Powder for concentrate for solution for infusion Prescribed as combination i.e. 1g/1g, 2g/2g etc	Do not store vials above 25°C. Store in the original packaging								
Reconstitution	Reconstitute each 1g/1g vial with 20mL sodium chloride 0.9% Mix gently Final volume 21.3mL <b>Dilute further prior to administration</b> <b>Use immediately once reconstituted</b>									
Compatibility & Stability	Sodium chloride 0.9% only									
Administration	<div>IV infusion only</div> <div><ul style="list-style-type: none"><li>Add required dose to 250ml sodium chloride 0.9% infusion bag.</li><li>Administer over 3 hours</li></ul></div> <table><thead><tr><th>Dose of Meropenem/Vaboractam</th><th>Volume of reconstituted injection</th></tr></thead><tbody><tr><td>2g/2g</td><td>42.6 mL (two vials)</td></tr><tr><td>1g/1g</td><td>21.3 mL ( one vial)</td></tr><tr><td>0.5g/0.5g</td><td>10.5 ml (half vial)</td></tr></tbody></table>		Dose of Meropenem/Vaboractam	Volume of reconstituted injection	2g/2g	42.6 mL (two vials)	1g/1g	21.3 mL ( one vial)	0.5g/0.5g	10.5 ml (half vial)
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0.5g/0.5g	10.5 ml (half vial)									
Monitoring	Monitor: for hypersensitivity and infusion site reactions. Monitor LFTs during treatment due to the risk of hepatotoxicity.									
Adverse reactions	Hypersensitivity reaction (in particular if patient is penicillin allergic), Infusion site phlebitis, pyrexia, hypokalaemia, hypoglycaemia, hypotension, headache, diarrhoea, nausea and vomiting.									
Additional Information	<p>Decreases in blood levels of <b>valproic acid</b> have been reported when it is co-administered with carbapenem agents resulting in a 60-100 % decrease in valproic acid levels in about two days.</p> <p>In exceptional circumstances, where treatment options are extremely limited for a patient, following discussion with Microbiology/Infectious Diseases consultant, a carbapenem may be considered the only/best available treatment option</p> <p>In this case, the consultant with primary responsibility for the patient may decide to proceed with carbapenem treatment for a patient on sodium valproate treatment based on a risk/benefit analysis and following consultation with a consultant neurologist</p> <p>Consultant neurologist advice should be sought regarding the potential requirement for adjunct anticonvulsant therapy if the indication for valproate use is seizure control, and advice on clinical monitoring and therapeutic drug monitoring of anticonvulsant drug serum concentrations</p>									

### Information provided relates to Vaborem® (Menarini)

*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*