

NEONATAL West of Scotland Drug Monographs

Parenteral Routes

Neonatal

ACICLOVIR

FORM Vial containing 250mg or 500mg powder for reconstitution or 250mg/10ml concentrate for infusion

INDICATION

1. An antiviral indicated for the treatment of Herpes Simplex and Varicella Zoster infections
2. Post Exposure Prophylaxis of varicella infection in infants < 7days old whose mothers develop chickenpox in the 4 days prior to and up to 2 days post delivery (in addition to VZIG)

DOSE RANGE
Indication 1: Treatment

AGE	DOSE	FREQUENCY	ROUTE
0 – 6 months	20mg/kg	Three times daily*	IV infusion over 1 hour for at least 7 days

* reduce if renally impaired with creatinine clearance less than 50ml/min. See SPC or BNFC.

DOSE RANGE
Indication 2: Post exposure prophylaxis

AGE	DOSE	FREQUENCY	ROUTE
0 – 6 months	10mg/kg	Three times daily*	IV infusion over 1 hour for 10 days

RECONSTITUTION	Add 10ml water for injection BP or sodium chloride 0.9% injection BP to each 250mg vial or 20ml to a 500mg vial and shake gently until completely dissolved, to produce a 25mg/ml solution. Concentrate for infusion is ready made at 25mg/ml				
DILUTION	<p><u>Central Administration</u> The appropriate dose may be given undiluted via a syringe pump over a minimum of 1 hour</p> <p><u>Peripheral Administration</u> Dilute to 5mg/ml with sodium chloride 0.9% and infuse the dose over 1 hour for peripheral administration.</p> <table border="1" style="width: 100%;"> <tbody> <tr> <td>Aciclovir 25mg/ml injection solution</td> <td>8ml</td> </tr> <tr> <td>Sodium Chloride 0.9% inj</td> <td>Up to 40ml total</td> </tr> </tbody> </table> <p>Gives a 5mg in 1ml solution. Use the required volume.</p>	Aciclovir 25mg/ml injection solution	8ml	Sodium Chloride 0.9% inj	Up to 40ml total
Aciclovir 25mg/ml injection solution	8ml				
Sodium Chloride 0.9% inj	Up to 40ml total				
METHOD OF ADMINISTRATION	I/V infusion over 1 hour 25mg/ml solution is for CENTRAL USE only				

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COMPATIBILITY

Solution compatibility	Sodium chloride 0.45% & 0.9%, sodium chloride 0.18% with glucose 4%, sodium chloride 0.45% with glucose 2.5%, sodium chloride 0.9% with glucose 5% and compound sodium lactate infusion BP, glucose 5%
Solution incompatibility	TPN, lipid
IV Line compatibility	Calcium gluconate, dexamethasone, fluconazole, insulin, metronidazole. The following drugs when in glucose 5% only: heparin, milrinone, potassium chloride, sodium bicarbonate, vancomycin. No other drugs at the same time in the same line due to high pH
IV Line incompatibility	Caffeine citrate, caspofungin, dobutamine, dopamine, gentamicin, midazolam, morphine, paracetamol, piperacillin with tazobactam.

THIS LIST IS NOT EXHAUSTIVE PLEASE CONTACT PHARMACY FOR FURTHER INFORMATION ON COMPATIBILITY WITH ANY MEDICINES NOT INCLUDED

CAUTIONS, CONTRA-INDICATIONS AND SIDE EFFECTS

- If renal impairment develops during treatment, a rapid response normally occurs following hydration of the patient and or dosage reduction or withdrawal. Specific care should be taken in all patients receiving high doses to ensure they are well hydrated, particularly if they have any renal impairment.

FURTHER INFORMATION Extravasation risk high due to high pH.

STORAGE Un-reconstituted vials are stored at room temperature

pH ~11

LICENSED STATUS Not licensed for monotherapy in neonates

APPLICABLE POLICIES West of Scotland Neonatal Guidelines – Immunisation Guideline
Post exposure prophylaxis for chickenpox and shingles - GOV.UK (www.gov.uk)

Consult local policy if applicable

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Prepared By/Checked By	Maria Tracey/Susan Kafka	Final Approval By	WoS Neonatal Pharmacist Group
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Administer reconstituted solutions immediately.
All vials, ampoules and infusion bags are for single use only unless otherwise stated.

Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications.
This monograph should be used in conjunction with the terms of reference document prepared by the West of Scotland Pharmacist Network. Information is correct at the time of publication and as per local practice agreement.
For further advice please contact your clinical pharmacist or pharmacy department

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