



Frimley Health
NHS Foundation Trust

Neonatal Anti-infectives guide

Key Points

- This is a locally compiled Guide of antimicrobial medication doses and administration
- This Guide should be used alongside local policies to guide medicines selection
- Seek specialist advice from microbiology and pharmacy if an intravenous medication is not listed on this guide.

This is a controlled document. If you are using a printed copy, check it against the guidelines site to ensure you are using the latest edition. Print copies must be destroyed after use.

Abbreviations

BNFc	British National Formulary for children
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Unless otherwise stated, all oral formulations should be prescribed as per the BNFc.

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Aciclovir	Treatment of herpes simplex, chicken pox and herpes zoster infection	IV infusion over minimum 1 hour	20mg/kg	Every 8 hours	Ensure adequate hydration - can cause acute renal failure. See BNFc for full information	<i>If not supplied reconstituted:</i> Reconstitute 250mg with 10mL (displacement negligible) water for injection (WFI) or sodium chloride* 0.9% to give 25mg/mL	Usual duration of 14 days. Increase to 21 days if CNS involvement. Each 250mg vial contains 1.1mmol of sodium
	Prophylaxis of chicken pox after delivery		10mg/kg			Infuse via central line over 1 hour OR Further dilute to 5mg/mL with sodium chloride 0.9% or glucose 5%. Infuse peripherally over a minimum of 1 hour	Continue until serological tests confirm absence of virus. Each 250mg vial contains 1.1mmol of sodium
Amikacin	Sepsis (according to guidelines, or on specialist advice)	IV infusion over 30-60 minutes or Slow IV injection	15mg/kg	Every 24 hours	Do not give within 24 hours of gentamicin due to additive aminoglycoside toxicity Ensure adequate hydration, monitor renal function See BNFc for full information	<u>For slow IV injection</u> can be diluted with 3-10mL sodium chloride 0.9% or glucose 5%; give over 3-5 minutes <u>For IV infusion</u> dilute with sodium chloride 0.9% or glucose 5%; infuse over 30–60 minutes	Plasma concentration monitoring required. Take pre-dose “trough” levels 6hrs before 3rddose).Trough should be <5mg/L It may be necessary to increase the dose interval in patients with PDA, prolonged hypoxia or on indometacin/ibuprofen. Some brands contain sodium metabisulfite
			Adjust doses according to plasma concentration – seek pharmacist or microbiology advice				

*Always check product leaflet for reconstitution information

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Amoxicillin	Suspected listerial meningitis (in combination with other antibacterial agents)	IV infusion over 30 minutes	50-100mg/kg	<u>Neonate <7 days of age every 12 hours</u> <u>Neonate 7-28 days of age every 8 hours</u> <u>>28 days of age every 4-6 hours</u>	See BNFc for full information	Reconstitute 250mg vial with 2.3mL [†] WFI* to give a concentration of 100mg/mL Further dilute with an appropriate volume of glucose 5% or glucose 10% or sodium chloride 0.9%; infuse over 30 minutes	Each 250mg vial contains <1mmol of sodium
Amphotericin (AmBisome)	Severe invasive candidiasis Suspected or proven infection in febrile neutropenic patients unresponsive to broad-spectrum anti-bacterials	IV infusion over 30-60 minutes	1mg/kg	Every 24 hours	Amphotericin is nephrotoxic; monitor renal function, FBC, potassium and magnesium levels Rapid administration may cause arrhythmias or convulsions Do not infuse with any other medicines or infusion fluids including sodium chloride See BNFc for full information	Reconstitute 50mg vial with 12mL WFI* to give a concentration of 4mg/mL. SHAKE vial vigorously to disperse liposomes Withdraw required dose using the 5 micron filter provided and dilute with glucose 5% or glucose 10% to between 0.2mg/mL and 2mg/mL Infuse over 30-60 minutes	Test doses unnecessary for first course but advised for subsequent courses: 100microgram/kg (max 1mg) over 10 minutes. Observe for 30 minutes then continue with the remainder of the dose if no reactions observed Protect infusion and administration set from light If using an in-line filter it must be 1 micron or larger Incompatible with sodium chloride – flush line with glucose 5% or 10%
			Increased, if necessary, up to 3mg/kg/dose In exceptional circumstances doses up to a maximum of 5mg/kg every 24 hours may be given				

*Always check product leaflet for reconstitution information

[†] - displacement values already accounted for

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Benzylpenicillin	Early onset sepsis	Slow IV injection	25mg/kg	<u>Neonate <7 days of age every 12 hours. May be increased to every 8 hours if necessary</u> <u>Neonate 7-28 days of age every 8 hours. Dose may be doubled in severe infection</u>	Hypersensitivity reactions such as urticaria, fever, rashes, anaphylaxis	Reconstitute each 600mg vial with 3.6mL [†] WFI* Give over 3-5 minutes	Note: slow IV injection is unlicensed at doses of 50mg/kg or greater, however this is accepted practice Each 600mg vial contains 1.68mmol of sodium <u>** For IM route – EXCEPTIONAL circumstances ONLY**</u> <i>Reconstitute 600mg vial with 1.6mL[†] WFI* to give a concentration of 300mg/mL</i>
	Meningitis		50mg/kg	<u>Neonate <7 days every 12 hours</u> <u>Neonate 7-28 days of age every 8 hours</u> <u>>28 days of age every 4–6 hours</u>	Administration faster than the recommended rate may cause seizures and CNS toxicity. Large doses can cause hypokalaemia and hypernatraemia		
	Congenital syphilis		30mg/kg	<u>Every 12 hours for the first week of life then</u> <u>Every 8 hours for the next 3 days to complete the 10 day course</u>	See BNFC for full information		
Cefotaxime	Late onset sepsis	Slow IV injection	50mg/kg	<u>Neonate < 7 days of age every 12 hours</u> <u>Neonate: 7-20 days of age every 8 hours</u> <u>Neonate: 21-28 days of age every 6-8 hours</u>	Incompatible with alkaline solutions Arrhythmias can occur following rapid administration via a central venous access device	Dilute 500mg vial with 4.8mL [†] WFI. Shake well until dissolved* to give a concentration of 100mg/mL Can be further diluted with sodium chloride 0.9% or glucose 5% to 50mg/mL to reduce adverse effects Give over 3-5 minutes	Contains 2.1mmol of sodium per 1g <u>** For IM route **</u> <i>Dilute 500mg vial with 1.8mL[†] WFI. Shake well until dissolved* to give a concentration of 250mg/mL</i>
	Suspected Necrotising Enterocolitis (NEC) Meningitis			<u>May be increased to every 6 hours in very severe infections and meningitis</u>	Monitor for serious skin reactions See BNFC for full information		

*Always check product leaflet for reconstitution information[†] - displacement values already accounted for

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Chloramphenicol	Superficial eye infections	Ocular	ONE drop	Every 6 hours	See BNFC for full information	Preservative-free minims (0.5%) can be used	Continue for 2 days after infection resolves
			Apply to lower lid	Every 6 hours		1% eye ointment can be used	
Ciprofloxacin	Severe respiratory-tract or gastro-intestinal infection (when guided by microbiology/sensitivities)	IV infusion over 60 minutes	10mg/kg	Every 12 hours	Seizure threshold may be reduced by ciprofloxacin Avoid in G6PD deficiency Use with caution in patients requiring phototherapy See BNFC for full information	Provided suitably diluted. Can be further diluted with sodium chloride 0.9% or glucose 5% Infuse over 60 minutes	Formulated in sodium chloride 0.9%: contains 15.1-15.4mmol of sodium per 100mL Formulated in glucose 5%: Negligible sodium content
Co-amoxiclav	Late-onset sepsis Suspected Necrotising Enterocolitis (NEC)	IV infusion over 30-40 minutes	30mg/kg	Every 12 hours	Cholestatic jaundice has been reported. Use with caution in patients with hepatic impairment See BNFC for full information	Reconstitute 600mg vial with 9.6mL [†] WFI* to give a concentration of 60mg/mL Further dilute with sodium chloride 0.9% to 10mg/mL; infuse over 30–40 minutes	Each 600mg vial contains 1.4-1.55mmol of sodium
Clotrimazole	Fungal skin infections	Topical	Apply two to three times a day		Occasional local irritation and hypersensitivity reactions may occur. Discontinue if severe.	1% cream	

*Always check product leaflet for reconstitution information

[†] - displacement values already accounted for

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Flucloxacillin	Focal superficial infection or suspected staphylococcal infection Umbilical sepsis	IV infusion over 30-60 minutes or Slow IV injection	50mg/kg	<u>Neonate <7 days of age</u> every 12 hours <u>Neonate 7-20 days of age</u> every 8 hours <u>Neonate 21-28 days of age</u> every 6 hours <u>> 28 days of age</u> every 6 hours	Very rarely hepatitis and cholestatic jaundice has been reported. Use with caution in patients with hepatic impairment See BNFC for full information	Reconstitute 250mg vial with 4.8mL [†] WFI* to give a concentration of 50mg/mL <u>For slow IV injection</u> can be diluted with a further 5-10mL sodium chloride 0.9% or glucose 5%; give over 3-4 minutes <u>For IV infusion</u> dilute with sodium chloride 0.9% or glucose 5% to suitable volume; infuse over 30-60 minutes	Check BNFC for doses relating to osteomyelitis, cerebral abscess or staphylococcal meningitis Each 250mg vial contains 0.57mmol of sodium
Fluconazole	Invasive fungal infections Cryptococcal infections (including meningitis)	IV infusion over 20 minutes	6-12mg/kg	<u>Neonate <14 days of age</u> Every 72 hours <u>Neonate 14-28 days of age</u> Every 48 hours <u>>28 days of age</u> Every 24 hours	Dose adjustments are required for patients with renal impairment: seek specialist advice	Provided suitably diluted Infuse over 20 minutes	Course duration dependent upon indication and response Contains 7.5mmol of sodium per 100mg

*Always check product leaflet for reconstitution information

[†] - displacement values already accounted for

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Ganciclovir	Congenital cytomegalovirus (CMV) of the CNS	IV infusion over minimum 1 hour	6mg/kg	Every 12 hours	Dose reductions required for patients with renal impairment (see Evelina Formulary monograph) and those of very low birth weight (VLBW) Wear gloves and safety glasses when handling; avoid handling if pregnant, planning pregnancy (any gender) or breastfeeding; potentially teratogenic and carcinogenic Can cause leucopenia and thrombocytopenia: contact virology for advice Monitor FBC and LFTs	Contact pharmacy to obtain a ready-made infusion bag – not to be prepared on the ward	Discuss with Consultant and Senior Pharmacist before prescribing Treatment course 6 weeks for confirmed CMV
Gentamicin	Early onset sepsis	See gentamicin guidelines on next 2 pages for details					

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† – displacement values already accounted for

Intravenous Gentamicin Prescription for Neonates

Initial Doses

Gentamicin 5mg/kg every 36 hours

Administration

As slow intravenous injection over 3-5 minutes

Gentamicin (preservative free) 20mg/2mL may be injected neat or diluted with sodium chloride 0.9% or glucose 5%.

Flush with sodium chloride 0.9%

A red disposable apron should be worn during preparation and administration, and the double-checking prompt used

The prescribed dose of gentamicin should be given within one hour of the prescribed time. If not, subsequent dose times must take this into account

MonitoringTake trough levels (heel prick sample) 1 hour before the 2nd dose. Give 2nd dose and review the levels before 3rd dose. See below for interpretation of results

Consider taking peak levels 1 hour post dose if:

- Oedema present
- Birth weight >4.5kg
- Unsatisfactory response to treatment
- Proven Gram-negative infection

Peak level should be > 8mg/L

Interpretation of results for subsequent doses

Dose No.1-3: Target trough level <2mg/L

Dose No. 4 or more: Target trough level <1mg/L.

If trough level <2mg/L: Subsequent doses should be at 36 hourly intervals

Repeat level every 3rd dose unless renal function unstableIf initial trough >2mg/L: Withhold 3rd dose and repeat level**If repeat level is <2mg/L**, give 3rd dose and subsequent doses at 36 hourly intervals. **Further trough levels must be <1mg/L****If repeat level is >2mg/L** continue to recheck levels at 12 hourly intervals and re-dose when level is <2mg/L.Subsequent doses should be at 36 hourly intervals. **Further trough levels must be <1mg/L**

If concerns over renal function, take senior advice with regards to dose reduction or change of dosing interval

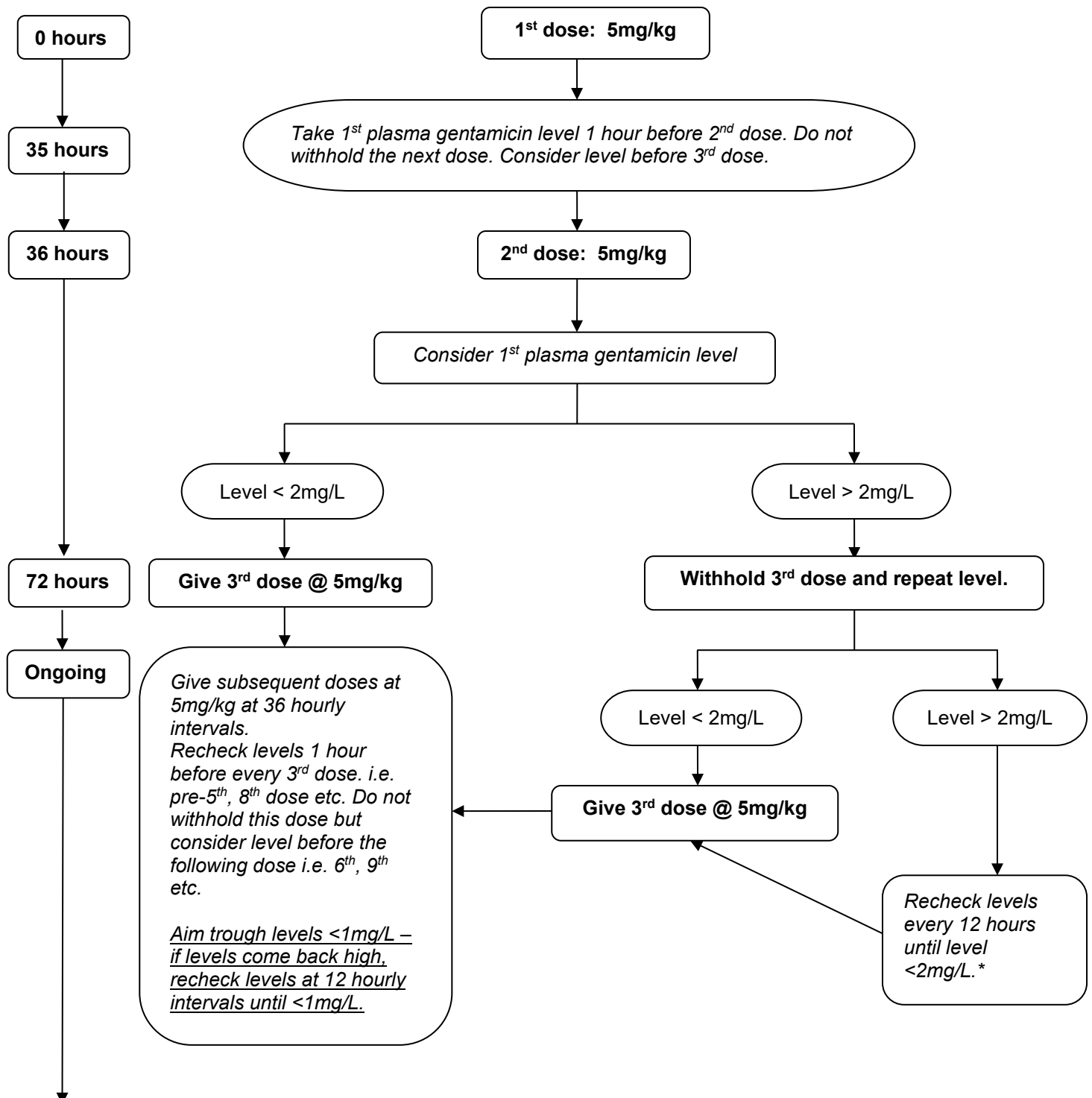
If a baby has a gram-negative or staphylococcal infection, consider increasing the dose of gentamicin if the peak concentration is less than 8mg/L

Indication:**Review date:**

Date to be given	Time to be given (24hr clock)	Dose of IV Gentamicin	Prescriber name, GMC no., signature and bleep	Levels (1 hour pre-dose) Aim <2mg/L			Given by	Checked by	Time dose given (24hr clock)	Dosing interval (hours)
				Levels needed Yes/No	Time taken	Result (mg/L)				

(see over for flowchart)

Intravenous Gentamicin Prescribing for Neonates – Flow Chart



*If concern over renal function, senior advice should be taken with regards to decreasing the dose or increasing the dosing interval.

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Lamivudine	HIV post exposure prophylaxis	Oral	2mg/kg	Usually every 12 hours for 4 weeks, however confirm <u>dosing and duration</u> with current BHIVA guidelines for pregnancy https://www.bhiva.org/guidelines	Anaemia, neutropenia, chronic hepatitis, gastrointestinal disturbances See BHIVA guidance and BNFC for full information	Round doses up to the nearest 0.5mg to assist administration	Selected regimen as per individual care plan First dose to be administered as soon as possible within the first 4 hours of life
Meropenem	Sepsis (according to guidelines, or when guided by microbiology/ sensitivities)	IV infusion over 15-30 minutes or Slow IV injection over 5 minutes	20-40mg/kg	Neonate <7 days of age Every 12 hours Neonate >7 days of age Every 8 hours	Caution in renal impairment, dose and interval adjustments required See BNFC for full information	For slow IV injection Reconstitute 500mg vial with 9.5mL [†] WFI*. Shake well until dissolved to give a concentration of 50mg/mL.	Each 500mg vial contains approx. 2mmol of sodium
	Meningitis	IV infusion over 15-30 minutes	40mg/kg			For IV infusion Reconstitute 500mg vial with 9.5mL [†] sodium chloride 0.9% or glucose 5% to 50mg/mL*. Further dilute with sodium chloride 0.9% or glucose 5% to an appropriate concentration between 1mg/mL and 20mg/mL	

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[†] - displacement values already accounted for

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Metronidazole ALL BABIES UP TO 2 MONTHS OF AGE	Suspected NEC	IV infusion over 20-30 minutes LOADING DOSE	15mg/kg	One dose only – all babies	Avoid in hepatic encephalopathy. See BNFC for full information	Use ready-made infusion bags to run appropriate volume over 20-30 minutes	Each 500mg bag/bottle contains 14mmol of sodium
		IV infusion over 20-30 minutes MAINTENANCE DOSE	7.5mg/kg	<u>Neonates 26-34 weeks CGA</u> Every 12 hours, starting 12 hours after loading dose <u>Neonates and infants ≥34 weeks CGA</u> Every 8 hours, starting 8 hours after loading dose			
Miconazole	Fungal skin infection	Topical	Apply twice a day		See BNFC for full information	2% cream	Continue course for ten days after lesions heal
Mupirocin	MRSA eradication (as per protocol)	Nasal	Apply three times a day For 5 day eradication course		See BNFC for full information	2% nasal ointment Use concurrently with once daily Octenisan wash	Can also be applied topically to skin lesions (use nasal ointment due to unfavourable excipients in topical ointment)
Nevirapine	HIV post exposure prophylaxis	Oral	Confirm <u>dosing and duration</u> with current BHIVA guidelines for pregnancy https://www.bhiva.org/guidelines		Rash - monitor closely for skin reactions Hepatic disease See BHIVA guidance and BNFC for full information	Round doses up to the nearest 0.5mg to assist administration	Selected regimen as per individual care plan Note course length of 2 weeks due to long half-life. Duration of other NRTIs as part of triple therapy regime should be continued for 4 weeks total duration

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Nystatin	Oral thrush	Oral	100,000 units (1mL) into the buccal cavity four times a day after feeds: in small babies give in divided doses 5 minutes apart		Do NOT give down nasogastric tube. See BNFC for full information	Oral suspension	Continue 48hrs after clinical cure
Piperacillin with tazobactam (Tazocin®)	Infection (when guided by microbiology/sensitivities)	IV infusion over 30 minutes	90mg/kg	Every 8 hours	See BNFC for full information	Reconstitute 2.25g vial with 8.4mL [†] WFI* or sodium chloride 0.9% to give a concentration of 225mg/mL Dilute with sodium chloride 0.9% or glucose 5% to an appropriate concentration between 15mg/mL and 90mg/mL; infuse over 30 minutes	Each 2.25g vial contains 4.68mmol of sodium
Teicoplanin	Late onset sepsis [Coagulase negative staphylococcus (CONS) most likely]	IV infusion over 30 minutes LOADING DOSE	16mg/kg	One dose only, followed 24 hours later by maintenance dose	Injection site irritation See BNFC for full information	Slowly reconstitute teicoplanin vial with ampoule of water for injection provided – there is an overage in the vial to account for displacement. Gently roll vial to dissolve teicoplanin. DO NOT SHAKE as may lead to foam formation. If the solution becomes foamy, allow to stand for 15 minutes to allow foam to disappear*	Plasma teicoplanin concentrations are not routinely measured as there is no clear relationship between plasma concentration and toxicity
		IV infusion over 30 minutes MAINTENANCE DOSE	8mg/kg	Once daily		Further dilute to 5-10mL with sodium chloride 0.9% or glucose 5% and give over 30 minutes	

*Always check product leaflet for reconstitution information

[†] - displacement values already accounted for

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments		
Trimethoprim	Prophylaxis of UTI Renal pelvis dilatation	Oral	2mg/kg	Once daily at night	See BNFC for full information		Ensure parents aware this is to continue		
Vancomycin	Late-onset sepsis (2 nd line) Line associated sepsis Infection when guided by microbiology/ sensitivities	IV infusion over minimum 1 hour	15mg/kg	<u>Neonate <29 weeks CGA every 24 hours</u> <u>Neonate 29 – 35 weeks CGA every 12 hours</u> <u>Neonate over 35 weeks CGA every 8 hours</u>	Nephrotoxicity including renal failure and interstitial nephritis, ototoxicity, blood disorders, vasculitis, phlebitis, flushing and 'red-man syndrome' if infusion given too quickly. Incompatible with cefotaxime. See BNFC for full information	Reconstitute 500mg vial with 10mL water for injections* (Displacement values vary depending on brand – check product information leaflet for information and reconstitute accordingly) Reconstituted solution should be further diluted in sodium chloride 0.9% or glucose 5% to a maximum concentration of 5mg/mL; infuse over at least 60 minutes	Plasma concentration monitoring required. Pre-dose “trough” levels should be 10-15mg/L (Target level of 15-20mg/L for less sensitive MRSA strains) Take 1st level immediately before administering the 3rd dose. If levels within range, repeat every 3 days. If outside range, adjust dose and repeat the level within 24 hours Can be infused alongside parenteral nutrition if necessary		
	Adjust doses according to plasma concentration using Evelina monograph – seek pharmacist or microbiology advice								
	Aiming for levels 10-15mg/L								
	Level (mg/L)			Interpretation of pre-dose level & recommendation of dose adjustment (for patients with normal renal function)					
	< 5			Confirm all doses given. If so, increase each dose by 50%.					
	5-10			Confirm all doses given. If so, increase each dose by 20%.					
	10-15			Continue current dose. Repeat level in 3 days.					
	15-20			Confirm sample taken appropriately. If so, leave or decrease each dose by 10%.					
20-25	Confirm sample taken appropriately. If so, decrease each dose by 20% or consider increasing dosage interval from 8 hourly to 12 hourly.								
> 25	Confirm sample taken appropriately. If so, withhold next dose. Repeat level 8 hours from last level and discuss with Pharmacy.								

*Always check product leaflet for reconstitution information

Drug	Indications	Route	Single Dose	Frequency	Side Effects and Precautions	Preparation	Comments
Zidovudine (AZT)	HIV post exposure prophylaxis	Oral	Initial doses as below, however confirm <u>dosing and duration</u> with current BHIVA guidelines for pregnancy https://www.bhiva.org/guidelines <u><30 weeks CGA</u> 2mg/kg twice a day <u>30 - 34 weeks CGA</u> 2mg/kg twice a day <u>>34 weeks CGA and ≤ 2kg</u> 4mg/kg twice a day		Caution in jaundice. Monitor FBC. Avoid if Hb <7.5g/dL or neutrophil count <0.75x10 ⁹ /L (see SmPC) See BHIVA guidance and BNFc for full information and interactions with other drugs	Round dose up to the nearest 0.5 mg to assist administration	Start within 4 hours of birth and continue for 4 weeks. Can be used as monotherapy or part of triple therapy regime as per individual care plan
		IV infusion over 1 hour (if sick or oral unavailable)	<u><34 weeks CGA</u> 1.5mg/kg twice a day Increase to four times a day once reached 34 weeks CGA <u>>34 weeks CGA</u> 1.5mg/kg four times a day			Dilute to 2mg/mL or 4mg/mL with glucose 5%*; infuse over one hour	

*Always check product leaflet for reconstitution information

References:

1. Paediatric Formulary Committee (PFC) (2025) *British National Formulary for Children*. London: BMJ Group and Pharmaceutical Press. Available at: <https://www.medicinescomplete.com/#/browse/bnfc> (Accessed: 25 November 2025).
2. Royal Pharmaceutical Society (2025) *Martindale Complete Drug Reference* [online]. London: Royal Pharmaceutical Society. Available at: <https://www.medicinescomplete.com/#/browse/martindale> (Accessed: 25 November 2025).
3. NHS (no date) *Injectable Medicines Guide (Medusa)*. London: NHS England. Available at: <https://www.medusaimg.nhs.uk/> (Accessed: 25 November 2025).
4. An updated version was published in 2025. British HIV Association (2025) *BHIVA guidelines on the management of HIV in pregnancy and the postpartum period 2025*. Available at: <https://bhiva.org/clinical-guideline/pregnancy-guidelines/> (Accessed: 25 November 2025).
5. Guy's and St Thomas' NHS Foundation Trust and Evelina London Children's Healthcare (2025) *How we approve medicines – the paediatric formulary*. Available at: <https://www.evelinalondon.nhs.uk/our-services/hospital/pharmacy/formulary.aspx> (Accessed: 25 November 2025).

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This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
2.0		Dr. Angela Yannoulis, Consultant Paediatrician Dr. Sanjay Jaiswal, Consultant Paediatrician Barbara Joules, Ruth Botting, Deirdre Kriel & Ruhena Ahmad, Women and Children Pharmacists Shakeela Banno, Neonatal Ward Manager June Swanton, Neonatal Ward Manager	Final	Cross-site Paediatric Clinical Governance (21/07/21)
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Related Documents

Document Type	Document Name