FLUCLOXACILLIN

SYNONYMS
Floxacillin sodium

BRAND NAME
FLUBICLOX, FLUCIL, FLUCLOXACILLIN DBL

DRUG CLASS
Penicillin antibiotic

AVAILABILITY
Vial contains 500 mg, 1 g or 2 g of flucloxacillin sodium.1
1 g of flucloxacillin sodium contains 2.2 mmol of sodium,1,2
2 g of flucloxacillin sodium contains 4.52 mmol of sodium.1

WARNING
Contraindicated in patients with severe or non-severe immediate (IgE mediated) or delayed (T-cell mediated) hypersensitivity to penicillins.
Pain and phlebitis are common and can be severe.3 Use a central line (or PICC) for prolonged treatment and for continuous infusions.

pH
Approximately 5–7 when reconstituted4

PREPARATION
For IM use: reconstitute the 500 mg vial with 2 mL of water for injections and the 1 g vial with 2.5 mL of water for injections or lidocaine 1%.1
For IV use: reconstitute the 500 mg vial with 10 mL of water for injections, the 1 g vial with 15–20 mL of water for injections or the 2 g vial with 40 mL of water for injections.1
If a part-dose is required, reconstitute the 500 mg vial with 4.6 mL or the 1 g vial with 9.3 mL of water for injections to make a concentration of 100 mg/mL.1
The reconstituted solution is clear.4
Powder volume: 500 mg – 0.4 mL, 1 g – 0.7 mL, 2 g – 1.5 mL1

STABILITY
Vial: store below 25 °C. Protect from light.1
Reconstituted solution: use immediately.1
Infusion solution: stable for 24 hours at 2 to 8 °C.1
For CoPAT use: solutions of 10 mg/mL and 50 mg/mL in citrate-buffered saline are stable for 24 hours at 32 °C.5 Solutions of 50 mg/mL and 120 mg/mL in phosphate-buffered sodium chloride 0.9% are stable for 24 hours at 37 °C.6
Buffered solutions prepared in a sterile production unit are stable for 14 days at 2 to 8 °C.5,6
Unbuffered solutions of 50 mg/mL in sodium chloride are stable for 24 hours at 31 °C.7 Stable for less than 12 hours at 37 °C.6,7
For 24 hour continuous infusions use a buffered solution or consider splitting the dose and providing as two 12 hour infusions, store the second bag at 2 to 8 °C until ready to use.8

ADMINISTRATION
IM injection
Suitable1

SUBCUT injection
Not recommended

IV injection
Inject the dose slowly over 3 to 4 minutes.1 A dose of 2 g can be injected over 6 to 8 minutes, however infusion is preferred as phlebitis is common.

IV infusion
Preferred route for large doses e.g. 2 g. Dilute the dose in a suitable volume of compatible fluid and infuse over 20 to 30 minutes.1
The total daily dose (8 to 12 g) may be given as a 24 hour continuous infusion in the community setting.8 See STABILITY

Other
Suitable for intrapleural and intra-articular use.1

IV use for infants and children
Dilute to 50 mg/mL or weaker and infuse over 30 to 60 minutes.9
May be given by IV injection over 3 to 4 minutes however pain and phlebitis are common and can be severe.1,9
**COMPATIBILITY**

<table>
<thead>
<tr>
<th>Fluids</th>
<th>Glucose 5%(^1), glucose in sodium chloride solutions(^1,2), Hartmann’s(^2), Plasma-Lyte 148 via Y-site(^10), sodium chloride 0.9%(^1,2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y-site</td>
<td>No information</td>
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</tbody>
</table>

**INCOMPATIBILITY**

<table>
<thead>
<tr>
<th>Fluids</th>
<th>Blood products(^1), protein-containing fluids(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>Aminoglycosides: amikacin, gentamicin, tobramycin(^1), amiodarone(^2), atropine(^2), buprenorphine(^2), calcium gluconate(^2), ciprofloxacin(^2), dobutamine(^2), erythromycin(^2), lorazepam(^11), metoclopramide(^2), midazolam(^11), morphine sulfate(^2), pethidine(^2), promethazine(^2), vancomycin(^11), verapamil(^2)</td>
</tr>
</tbody>
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**REFERENCES**