MEG Demo (Staff App) - MEG Demo - MEG Staff app: Aciclovir

ACICLOVIR

Indications for Use

Treatment for neonatal herpes simplex virus (HSV) and neonatal varicella herpes zoster virus (chickenpox) infections.

Medication safety issues

Zovirax (aciclovir) may be confused with Zyvox (linezolid) and Zithromax (azitromycin).

Dose

Neonatal herpes simplex virus (HSV) infection

- Birth to 3 months: 20mg/kg every 8 hours by IV infusion over 60 minutes.
- Treatment duration is 14 days for skin, eyes and mouth HSV.
- Treatment duration is 21 days for HSV encephalitis or disseminated infection.

Neonatal varicella herpes zoster virus (chickenpox) infection

- Birth to 3 months: 10 to 20mg/kg every 8 hours by IV infusion over 60 minutes.
- Treatment duration is 7 days (given for 10-14 days in encephalitis).

Dose adjustments (in renal impairment)

- Mild renal impairment: give normal dose but increase dose interval to every 12 hours.
- Moderate renal impairment: give normal dose but increase dose interval to every 24 hours.
- Severe renal impairment: give 50% of normal dose and increase dose interval to every 24 hours.

Presentation

Aciclovir may come in powder for solution for infusion (Zovirax) or in an already reconstituted form as a concentrate for solution for infusion (250mg/10ml).

Preparation

If using a dry-powder vial containing (250mg of aciclovir), reconstitute by adding 10ml of water for injection or sodium chloride 0.9% to provide 250mg in 10ml (25mg/ml).

If using an already reconstituted solution for injection, this already contains 25mg of aciclovir per ml.

When the dose has been prescribed, proceed as follows: Further dilute 4 mls (100 mg) of the reconstituted solution with 16 mls of sodium chloride 0.9% or glucose 5% . The resulting solution contains 100 mg in 20 mls (5 mg/ml).

Administration

Intravenous infusion over 60 minutes.

Discard if, before or during infusion, turbidity or crystallisation occurs.

Maintain adequate hydration to prevent the risk of renal damage.

In patients who are fluid restricted, the 25 mg/ml concentrate for solution for infusion can be given undiluted through a CVC only.

Monitoring

- Renal function (especially if used with other nephrotoxic drugs) and liver function.
- Monitor infusion site as extravasation can cause severe inflamation and local ulceration due to alkaline pH.

Side Effects

Nausea, vomiting, reduction in haematological indices (anaemia, thrombocytopenia, leucopenia), rash, fever, convulsions.

Incompatibilities

Blood products, parenteral nutrition.

Aztreonam, Caffeine citrate , Diltiazem, Dobutamine, Dopamine, Meropenem, Morphine Sulphate, Piperacillin-Tazobactam.

Storage of reconstituted product

Discard vials immediately after reconstitution.

Reviewed by David Fitzgerald and Montse Corderroura. March 2021.