

# Women's Health Parenteral Information

August 22, 2025 02:18 PM

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## acyclovir

### EXTRAVASATION RISK / IRRITANT

#### Administration Information

##### IV Intermittent Infusion- Doses less than or equal to 350 mg

###### Standard Preparation

Ordered Dose added to 50 mL

###### Administration Duration

01:00 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

##### IV Intermittent Infusion- Doses 351 to 700 mg

###### Standard Preparation

Ordered Dose added to 100 mL

###### Administration Duration

01:00 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

##### IV Intermittent Infusion- Doses greater than 700 mg

###### Standard Preparation

Ordered Dose added to 250 mL

###### Administration Duration

01:00 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

#### Compatibility Information

##### Compatible Solutions

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W), Lactated Ringer's (LR)

#### Additional Information

##### Comments

- Ensure adequate hydration during and for at least 2 hours following administration to prevent drug precipitation in kidneys
  - Manufacturer suggests 1 litre of fluid/24 hours/gram of acyclovir and recommends a minimum urine output of 500 mL/24 hours/gram of acyclovir

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## amoxicillin|clavulanate - [Clavulin]

### Reconstitution Instructions for Intravenous Route

**Strength/Format:** 2000|200 mg

**Sterile Water Volume for Dilution:** 20 mL

**Resulting Concentration in Vial:** 100 mg/mL

#### Administration Information

##### IV Intermittent Infusion

###### Standard Preparation

2000 mg per 100 mL

###### Administration Duration

00:30 (hh:mm)

#### Compatibility Information

##### Compatible Solutions

0.9% Sodium Chloride (NaCl), Lactated Ringer's (LR)

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## ampicillin

Pharmacy does not prepare due to limited stability

### Reconstitution Instructions for Intravenous Route

**Strength/Format:** 250 mg

**Sterile Water Volume for Dilution:** 2.4 mL

**Resulting Concentration in Vial:** 100 mg/mL

**Strength/Format:** 1 gram(s)

**Sterile Water Volume for Dilution:** 9.5 mL

**Resulting Concentration in Vial:** 100 mg/mL

### Reconstitution Instructions for Intramuscular Route

**Strength/Format:** 250 mg Vial

**Sterile Water Volume for Dilution:** 0.9 mL

**Resulting Concentration in Vial:** 250 mg/mL

**Strength/Format:** 1 gram(s)

**Sterile Water Volume for Dilution:** 3.5 mL

**Resulting Concentration in Vial:** 250 mg/mL

## Administration Information

### IV Intermittent Infusion

**Standard Preparation**

1000 mg per 100 mL

**Administration Duration**

00:30 (hh:mm)

**Maximum Rate of Administration**

100 mg/min

### IV Intermittent Infusion

**Standard Preparation**

2000 mg per 100 mL

**Administration Duration**

00:30 (hh:mm)

**Maximum Rate of Administration**

100 mg/min

## Compatibility Information

**Compatible Solutions**

Sterile Water for Injection (SWI)

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## azithromycin

### EXTRAVASATION RISK / IRRITANT

### Reconstitution Instructions for Intravenous Route

**Strength/Format:** 500 mg

**Sterile Water Volume for Dilution:** 4.8 mL

**Resulting Concentration in Vial:** 100 mg/mL

## Administration Information

### IV Intermittent Infusion

**Standard Preparation**

500 mg per 250 mL

**Administration Duration**

01:00 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

## IV Intermittent Infusion- If phlebitis occurs with standard preparation

### Standard Preparation

500 mg per 500 mL

### Administration Duration

03:00 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### Compatibility Information

#### Compatible Solutions

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W), Lactated Ringer's (LR)

### Additional Information

#### Potential Hazards of Administration

- Injection site pain and inflammation
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## calcium gluconate

**HIGH ALERT, EXTRAVASATION RISK / IRRITANT**

### Administration Information

#### IV Direct

#### Standard Concentration

100 mg/mL [Supplied in Standard Concentration]

#### Administration Duration

00:05 (hh:mm)

#### Maximum Rate of Administration

200 mg/min

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### Compatibility Information

#### Compatible Solutions

0.9% Sodium Chloride (NaCl), 10% Dextrose in Water (D10W), 5% Dextrose in Water (D5W)

### Additional Information

#### Potential Hazards of Administration

- Vasodilation, hypotension, bradycardia, cardiac arrhythmias (with rapid IV administration)
    - Discontinue infusion if heart rate less than 100 beats/minute in neonates
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## ceFAZolin

### Reconstitution Instructions for Intravenous Route

**Strength/Format:** 1 gram(s) Vial

**Sterile Water Volume for Dilution:** 9.5 mL

**Resulting Concentration in Vial:** 100 mg/mL

### Reconstitution Instructions for Intramuscular Route

**Strength/Format:** 1 gram(s) Vial

**Sterile Water Volume for Dilution:** 3.5 mL

**Resulting Concentration in Vial:** 250 mg/mL

### Administration Information

#### IV Direct

#### Standard Concentration

100 mg/mL [Supplied in Standard Concentration]

#### Administration Duration

00:03 (hh:mm)

#### IV Intermittent Infusion

**Standard Preparation**

1 grams per 50 mL

**Administration Duration**

00:30 (hh:mm)

**IV Intermittent Infusion****Standard Preparation**

2 grams per 100 mL

**Administration Duration**

00:30 (hh:mm)

**IV Intermittent Infusion****Standard Preparation**

3 grams per 250 mL

**Administration Duration**

00:30 (hh:mm)

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**ceFOXitin****Reconstitution Instructions for Intravenous Route**

**Strength/Format:** 1 gram(s)

**Sterile Water Volume for Dilution:** 9.5 mL

**Resulting Concentration in Vial:** 100 mg/mL

**Reconstitution Instructions for Intramuscular Route**

**Strength/Format:** 1 gram(s)

**Sterile Water Volume for Dilution:** 2 mL

**Resulting Concentration in Vial:** 400 mg/mL

**Administration Information****IV Direct****Standard Concentration**

100 mg/mL [Supplied in Standard Concentration]

**Administration Duration**

00:03 (hh:mm)

**IV Intermittent Infusion****Standard Preparation**

1 grams per 50 mL

**Administration Duration**

00:30 (hh:mm)

**IV Intermittent Infusion****Standard Preparation**

2 grams per 100 mL

**Administration Duration**

00:30 (hh:mm)

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**cefTRIAxone**

- **DO NOT mix cefTRIAxone with, or administer simultaneously or via Y-site with ANY calcium-containing IV solutions, including TPN and Lactated Ringers, as precipitation can occur.**
- Patients concomitantly receiving calcium containing solutions and cefTRIAxone, may be given when:
  - sequentially to one another provided the infusion line is flushed thoroughly between infusions with a compatible solution OR
  - concurrently through a separate infusion site
- **\* Lidocaine is the PREFERRED DILUENT FOR RECONSTITUTION to minimize discomfort of IM injection WHEN A PATIENT is GREATER THAN 5 KG. Patients 5 kg or less should use sterile water as diluent. Include documentation of use of lidocaine as diluent on medication admin record.**

**Reconstitution Instructions for Intravenous Route**

**Strength/Format:** 1 gram(s)

**Sterile Water Volume for Dilution:** 9.6 mL

**Resulting Concentration in Vial:** 100 mg/mL

## Reconstitution Instructions for Intramuscular Route

**Strength/Format:** 1 gram(s)

**Sterile Water Volume for Dilution:** 2.2 mL

**Resulting Concentration in Vial:** 350 mg/mL

**Strength/Format:** 1 gram(s)

**Lidocaine 1%\* Volume for Dilution:** 2.2 mL

**Resulting Concentration in Vial:** 350 mg/mL

## Administration Information

### IV Direct

#### Standard Concentration

100 mg/mL [Supplied in Standard Concentration]

#### Administration Duration

00:03 (hh:mm)

### IV Intermittent Infusion

#### Standard Preparation

1 grams per 50 mL

#### Administration Duration

00:30 (hh:mm)

### IV Intermittent Infusion

#### Standard Preparation

2 grams per 50 mL

#### Administration Duration

00:30 (hh:mm)

### Intramuscular

#### Standard Concentration

350 mg/mL [Supplied in Standard Concentration]

#### Comment

\* Lidocaine is the **PREFERRED DILUENT FOR RECONSTITUTION** to minimize discomfort of *IM injection*

## Compatibility Information

### Compatible Solutions

0.9% Sodium Chloride (NaCl), 10% Dextrose in Water (D10W), 5% Dextrose in Water (D5W)

## Additional Information

### Potential Hazards of Administration

- Diarrhea
- Rash
- Hypersensitivity reaction
- Hemolytic anemia
- Altered prothrombin time
- Eosinophilia, thrombocytopenia
- Pancreatitis, reversible cholelithiasis
- Elevated liver enzymes, elevated BUN and creatinine
- Injection site reactions

### Comments

- Increased risk of nephrotoxicity in patients receiving concurrent nephrotoxic medications such as aminoglycosides.

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## clindamycin

### EXTRAVASATION RISK / IRRITANT

**NOTE: Current shortage of 18 mg/mL (900 mg) bags. Scroll page down to find preparation instructions using 150 mg/mL vials. May 2024.**

## Administration Information

### IV Intermittent

**Standard Concentration**

900 mg/50mL [Supplied as Premixed Bag]

**Administration Duration**

00:30 (hh:mm)

**Maximum Rate of Administration**

30 mg/min

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### IV Intermittent Infusion- Using 150 mg/mL vial

**Standard Preparation**

Ordered Dose added to 50 mL

**Maximum Rate of Administration**

30 mg/min

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### Intramuscular

**Standard Concentration**

IM 150 mg/mL [Supplied in Standard Concentration]

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

**Comment**

Ability to use intramuscular route may be limited by dose/volume.

## Compatibility Information

**Compatible Solutions**

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W)

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## cloxacillin

### EXTRAVASATION RISK / IRRITANT

### Reconstitution Instructions for Intravenous Route

**Strength/Format:** 2 gram(s) Vial

**Sterile Water Volume for Dilution:** 18.8 mL

**Resulting Concentration in Vial:** 100 mg/mL

## Administration Information

### IV Direct

**Standard Concentration**

100 mg/mL [Supplied in Standard Concentration]

**Administration Duration**

00:03 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### IV Intermittent Infusion

**Standard Preparation**

2 grams per 100 mL

**Administration Duration**

00:30 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

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## dexamethasone

## Administration Information

### Intramuscular

#### Standard Concentration

IM 10 mg/mL [Supplied in Standard Concentration]

## Compatibility Information

#### Compatible Solutions

0.9% Sodium Chloride (NaCl), 10% Dextrose in Water (D10W), 5% Dextrose in Water (D5W)

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## ferric derisomaltose - [Monoferric, formerly known by generic name iron isomaltoside | iron]

### EXTRAVASATION RISK / IRRITANT

Reserved/Restricted :

## Administration Information

### IV Intermittent Infusion - Doses 500 to 1000 mg

#### Standard Preparation

Ordered Dose added to 100 mL

#### Administration Duration

00:20 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### IV Intermittent Infusion- Dose of 1500 mg

#### Standard Preparation

Ordered Dose added to 100 mL

#### Administration Duration

30 min

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

## Compatibility Information

#### Compatible Solutions

0.9% Sodium Chloride (NaCl)

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## fluconazole

## Administration Information

### IV Intermittent Infusion

#### Standard Concentration

2 mg/mL [Supplied in Standard Concentration]

#### Administration Duration

02:00 (hh:mm)

#### Maximum Rate of Administration

200 mg/hour

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## gentamicin

### EXTRAVASATION RISK / IRRITANT

## Administration Information

### IV Intermittent Infusion

#### Standard Preparation

Ordered Dose added to 100 mL

#### Maximum Rate of Administration

30 minutes

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

## Compatibility Information

### Compatible Solutions

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W)

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## heparin

### HIGH ALERT

**For more information on preparing heparin bags when required concentration is not available, go to [Preparing Dextrose and Electrolyte Solutions \(with and without Heparin\) After-Hours](#)**

**Jan 2025: NEW standard concentration heparin 100 units/mL in D5W**

## Administration Information

### IV Continuous Infusion- Systemic Anticoagulation

#### Standard Concentration

100 units/mL(D5W) [Supplied in Standard Concentration]

### Subcutaneous

#### Standard Concentration

Subcutaneous 10000 unit(s)/mL [Supplied in Standard Concentration]

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## hydrALAZINE

### HIGH ALERT

## Administration Information

### IV Direct

#### Standard Concentration

20 mg/mL [Supplied in Standard Concentration]

#### Administration Duration

00:05 (hh:mm)

#### Monitoring

As per clinical order set IWK HYPRBU

## Compatibility Information

### Compatible Solutions

0.9% Sodium Chloride (NaCl)

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## insulin aspart - [NovoRapid, Trurapi, Fiasp. Refer to IWK Insulin Equivalencies]

### Non-Formulary

### HIGH ALERT

## Administration Information

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

### Subcutaneous- Continuous

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

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## insulin degludec - [Tresiba]

### HIGH ALERT

## Administration Information

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 200 unit(s)/mL [Supplied in Standard Concentration]

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## insulin detemir - [Levemir]

### HIGH ALERT

#### Administration Information

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

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## insulin glargine - [Basaglar, Lantus, Toujeo (300 unit/mL). Refer to IWK product selections for currently stocked brand(s)]

### HIGH ALERT

**Disposable Prefilled Pen NOTE: Safety needles are intended for nurse administered insulin doses ONLY. Regular needles available for patient/family/SDM administration. Care areas to obtain both prefilled insulin needle types from supply and distribution.**

#### Administration Information

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 300 unit(s)/mL [Supplied in Standard Concentration]

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## insulin glulisine - [Apidra]

### HIGH ALERT

#### Administration Information

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

### Subcutaneous- Continuous

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

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## insulin lispro - [Humalog, Admelog]

### HIGH ALERT

Refer to drug dosing guideline for IWK product selection information

#### Administration Information

### Subcutaneous- Intermittent

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

### Subcutaneous- Continuous

#### Standard Concentration

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

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## insulin, human NPH - [Humulin N]

**HIGH ALERT**

**Administration Information**

**Subcutaneous- Intermittent**

**Standard Concentration**

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

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**insulin, human regular - [Humulin R]**

**HIGH ALERT**

**Do Not Filter**

**Administration Information**

**Subcutaneous- Intermittent**

**Standard Concentration**

100 unit(s)/mL

**Comment**

Rotate Sites

**Compatibility Information**

**Compatible Solutions**

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W)

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**insulin, NPH - [Novolin ge NPH. Refer to IWK Equivalencies]**

**Non-Formulary**

**HIGH ALERT**

**Administration Information**

**Subcutaneous- Intermittent**

**Standard Concentration**

Subcutaneous 100 unit(s)/mL [Supplied in Standard Concentration]

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**iron sucrose - [Venofer]**

**Administration Information**

**IV Intermittent Infusion**

**Standard Preparation**

Ordered Dose added to 250 mL

**Administration Duration**

01:30 (hh:mm)

**Compatibility Information**

**Compatible Solutions**

0.9% Sodium Chloride (NaCl)

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**labetalol**

**HIGH ALERT**

**Reserved/Restricted : Injectable-Anesthesiology, Obstetrics/Gynecology, Nephrology and PICU**

**Administration Information**

**IV Continuous**

**Standard Concentration**

100 mg/100mL

**Monitoring**

As per clinical order set IWK HYPRBU

**Comment**

Volume to Remove from 100 mL Bag (Volume of Drug + Average Overfill): **30 mL**

Volume of labetalol ( 5 mg/mL) Required : **20 mL**

Approximate Final Volume: **100 mL**

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**Compatible Solutions:** NaCl 0.45%, NaCl 0.9%, Dextrose 5%, Dextrose 10%

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## levofloxacin

**Reserved/Restricted : Infectious Diseases, Oncology**

### Administration Information

#### IV Intermittent

##### Standard Concentration

500 mg/100mL [Supplied as Premixed Bag]

##### Administration Duration

01:00 (hh:mm)

#### IV Intermittent

##### Standard Concentration

750 mg/150mL [Supplied as Premixed Bag]

##### Administration Duration

01:30 (hh:mm)

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## magnesium sulfate

**HIGH ALERT**

### Administration Information

#### IV Intermittent Infusion - Hypomagnesemia

##### Standard Concentration

4 g/100mL [Supplied in Standard Concentration]

##### Maximum Rate of Administration

500 mg/hour

#### IV Intermittent Infusion / Loading Dose (followed by continuous infusion)

##### Standard Concentration

4 g/100mL [Supplied in Standard Concentration]

##### Administration Duration

00:20 (hh:mm)

##### Monitoring

As per clinical order set IWK MGSZEC

#### IV Continuous

##### Standard Concentration

20 g/500mL [Supplied in Standard Concentration]

##### Monitoring

As per clinical order set IWK MGSZEC

##### Comment

- When continuous infusion is running, bolus doses can be administered over 20 minutes using "BOLUS" function

### Additional Information

#### Comments

**For sites outside of the IWK that do not stock 40 mg/mL bags:**

To prepare a 40 mg/mL concentration from magnesium 20% (200 mg/mL);

Add 10 mL (2000 mg) of magnesium 200 mg/mL injection to 40 mL of compatible IV solution (i.e. Normal Saline).

Total Volume = 50 mL

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## metroNIDAZOLE - [Flagyl]

### Administration Information

#### IV Intermittent

**Standard Concentration**

500 mg/100mL [Supplied as Premixed Bag]

**Administration Duration**

00:20 (hh:mm)

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## penicillin G - [(as sodium)]

### EXTRAVASATION RISK / IRRITANT

- ♦ 0.1 million units= 0.1 MU (note : displayed in infusion pumps as MU)= 100,000 units/mL

### Reconstitution Instructions for Intravenous Route

**Strength/Format:** 1 million units (MU)

**Sterile Water Volume for Dilution:** 9.8 mL

**Resulting Concentration in Vial:** 0.1 million units (MU)/mL

**Strength/Format:** 5 million units (MU)

**Sterile Water Volume for Dilution:** 8.2 mL

**Resulting Concentration in Vial:** 0.5 million units (MU)/mL

**Strength/Format:** 10 million units (MU)

**Sterile Water Volume for Dilution:** 16.2 mL

**Resulting Concentration in Vial:** 0.5 million units (MU)/mL

### Reconstitution Instructions for Intramuscular Route

**Strength/Format:** 1 million units (MU)

**Sterile Water Volume for Dilution:** 9.8 mL

**Resulting Concentration in Vial:** 0.1 million units (MU)/mL

**Strength/Format:** 1 million units (MU)

**Sterile Water Volume for Dilution:** 1.8 mL

**Resulting Concentration in Vial:** 0.5 million units (MU)/mL

**Strength/Format:** 5 million units (MU)

**Sterile Water Volume for Dilution:** 8.2 mL

**Resulting Concentration in Vial:** 0.5 million units (MU)/mL

### Administration Information

#### IV Intermittent Infusion

**Standard Preparation**

2.5 million units per 100 mL

**Administration Duration**

01:00 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

#### IV Intermittent Infusion

**Standard Preparation**

5 million units per 100 mL

**Administration Duration**

01:00 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### Compatibility Information

**Compatible Solutions**

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W)

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## piperacillin|tazobactam - [Pip-Taz]

### EXTRAVASATION RISK / IRRITANT

All concentrations (mg/mL) are based on the piperacillin component

3.375 grams = 3 grams of piperacillin and 0.375 grams of tazobactam 3.375 gram vial is stocked in Women's care areas

**NOTE: Y-site compatibility with lactated Ringer's is brand specific. Please confirm piperacillin/tazobactam brand to ensure most accurate compatibility information is provided**

### Reconstitution Instructions for Intravenous Route

**Strength/Format:** 3|0.375 gram(s)

**Sterile Water Volume for Dilution:** 15 mL

**Resulting Concentration in Vial:** 172 mg/mL

**Strength/Format:** 4|0.5 gram(s)

**Sterile Water Volume for Dilution:** 20 mL

**Resulting Concentration in Vial:** 172 mg/mL

### Administration Information

#### IV Intermittent Infusion

##### Standard Preparation

3 grams per 50 mL

##### Administration Duration

00:30 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

#### IV Intermittent Infusion

##### Standard Preparation

4 grams per 50 mL

##### Administration Duration

00:30 (hh:mm)

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

### Compatibility Information

#### Compatible Solutions

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W)

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## potassium chloride

### HIGH ALERT

### Administration Information

#### IV Intermittent Infusion

##### Standard Concentration

0.1 mmol/mL [Supplied in Standard Concentration]

##### Administration Duration

00:30 (hh:mm)

##### Monitoring

As per clinical order set IWK ELREWH

#### Potassium Containing Maintenance Solutions

##### Maximum Rate of Administration

20 mmol/hour

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## tobramycin

### Administration Information

#### IV Intermittent Infusion

**Standard Preparation**

Ordered Dose added to 100 mL

**Administration Duration**

00:30 (hh:mm)

**Compatibility Information****Compatible Solutions**

0.9% Sodium Chloride (NaCl), 10% Dextrose in Water (D10W), 5% Dextrose in Water (D5W)

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**vancomycin****EXTRAVASATION RISK / IRRITANT**

- **NEW April 4, 2023 Smart Pump update: Administration now expressed as 15 mg/kg/hour.**
  - [Vancomycin Practice Prompt April 2023](#)
  - **If dose is less than 15 mg/kg, the infusion time will be less than 1 hour.**
  - **If dose is greater than 15 mg/kg, the infusion time will be more than 1 hour.**

**NOTE:** Vancomycin should not be adjusted to standard medication administration times (as per [IWK Policy 20.06](#)). For more information on therapeutic drug level monitoring for parenteral vancomycin, refer to "Monitoring" section in [Firstline](#)

**Reconstitution Instructions for Intravenous Route**

**Strength/Format:** 1 gram(s)

**Sterile Water Volume for Dilution:** 20 mL

**Resulting Concentration in Vial:** 50 mg/mL

**Administration Information****IV Intermittent Infusion- Doses less than or equal to 500 mg****Standard Preparation**

Ordered Dose added to 100 mL

**Administration Duration**

15 mg/kg/hour

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

**Comment**

**Drug Levels Required.** [Please see Vancomycin Monitoring section in Firstline](#)

**IV Intermittent Infusion- Doses 501 to 1250 mg****Standard Preparation**

Ordered Dose added to 250 mL

**Administration Duration**

15 mg/kg/hour

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

**Comment**

**Drug Levels Required.** [Please see Vancomycin Monitoring section in Firstline](#)

**IV Intermittent Infusion- Doses 1251 to 2500 mg****Standard Preparation**

Ordered Dose added to 500 mL

**Administration Duration**

15 mg/kg/hour

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

**Comment**

**Drug Levels Required.** [Please see Vancomycin Monitoring section in Firstline](#)

**IV Intermittent Infusion- Doses greater than 2500 mg****Standard Preparation**

Ordered Dose added to 1000 mL

**Administration Duration**

15 mg/kg/hour

The infusion site **must** be inspected every 30-60 minutes and documented when in use and if extravasation or infiltration is suspected. If extravasation occurs, refer to [Management of Extravasation](#) policy.

**Comment**

**Drug Levels Required.** [Please see Vancomycin Monitoring section in Firstline](#)

**Compatibility Information****Compatible Solutions**

0.9% Sodium Chloride (NaCl), 10% Dextrose in Water (D10W), 5% Dextrose in Water (D5W)

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**zidovudine****Administration Information**

**IV Loading Dose (follow with continuous infusion) - See entry below for preparation instructions**

**Standard Concentration**

2 mg/mL

**Administration Duration**

01:00 (hh:mm)

**IV Intermittent Infusion / Loading Dose AND Continuous Infusion****Standard Preparation**

1000 mg per 500 mL

**Comment**

Stable for 8 hours at room temperature.

**Compatibility Information****Compatible Solutions**

0.9% Sodium Chloride (NaCl), 5% Dextrose in Water (D5W), Lactated Ringer's (LR)

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