

## ACICLOVIR

### ACTION and USES

An antiviral agent used primarily to treat neonatal herpes simplex and varicella zoster viral infections.

### DOSAGE

**Herpes simplex or zoster:** 20mg/kg/dose every 8 hours

Duration of treatment for herpes simplex is usually for 21 days for disseminated or CNS disease or 14 days if limited to skin and mucous membranes. For herpes zoster length of course varies.

Dosage reduction is necessary in patients with impaired renal function - consult BNFC or clinical pharmacist.

### ADMINISTRATION

By IV infusion over 1 hour. **NEVER** give by IV bolus injection.

### RECONSTITUTION

Aciclovir IV is available in two forms, a dry powder or concentrate for solution for infusion. both contain 250mg per vial. Both require further dilution for peripheral use.

In fluid restricted patients only, aciclovir 25mg/mL may be administered undiluted via a central venous access device only using an infusion pump.

#### Aciclovir Injection 25mg/ml (POWDER)

Add 10ml of Water for Injections to aciclovir 250mg vial and shake well to mix. **For administration through a peripheral line, FURTHER DILUTE to 5mg/ml solution.**

#### Aciclovir 25mg/mL (CONCENTRATE FOR SOLUTION FOR INFUSION)

**For administration through a peripheral line, FURTHER DILUTE to 5mg/ml solution.**

#### Aciclovir Injection 5mg/ml

Dilute 4ml of aciclovir 25mg/ml with 16ml of sodium chloride injection 0.9% or glucose 5% shake well to mix. Use required volume.

### COMPATIBILITIES

Sodium chloride 0.45%, glucose 5%, glucose 10%. Solutions containing less than 0.45% sodium chloride not recommended in children due to risk of hyponatraemia).

### INCOMPATIBILITIES

Dobutamine and dopamine, caffeine citrate, gentamicin, heparin, levofloxacin, meropenem, midazolam, morphine, ondansetron, paracetamol, piperacillin with tazobactam sodium. TPN, SMOF/Intralipid.

### STORAGE

Use reconstituted intravenous solutions immediately, DO NOT STORE, discard unused solution.

**Guidelines for medicine administration - Lothian Neonatal Service**

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**MONITORING**

Adequate hydration should be maintained.

Rapid IV administration can result in renal failure due to crystallisation of aciclovir. Monitor urea and electrolytes, liver function tests and full blood count. Observe site of administration for phlebitis and inflammation as extravasation can cause severe inflammation and local ulceration. Vomiting is a common side effect.

Signs of CNS toxicity include lethargy, tremor and convulsions which can occur if it accumulates in poor renal function.