

## Administration of Ceftriaxone (Rocephin®) for Treatment of Gonorrhea

### **Indications, Dosage and Administration**

Ceftriaxone, for the treatment of *Neisseria gonorrhoea* (cervical/urethral, pharyngeal and rectal):

- 250 mg IM, deep ventro/dorsogluteal (**NOT** DELTOID)
- Pain can be lessened when reconstituted with 0.9ml 1% lidocaine, based on manufacturer's instructions (alternate diluent is sterile water)

### **Contraindications**

Rocephin (ceftriaxone sodium) is contraindicated in patients with known hypersensitivity to ceftriaxone sodium, any component of the container or other cephalosporins. Ceftriaxone is a 3<sup>rd</sup> generation cephalosporin therefore safe for use in penicillin allergic patients.<sup>1</sup>

Lidocaine is contraindicated if client is sensitive or allergic to lidocaine or has a history of a reaction to local anesthetics.

### **Reconstitution Table**

Vial Size	Volume Added to Vial	Approximate Available Volume	Approximate Average Concentration
0.25 g	0.9 ml	1.0 ml	0.25 g/ml

Shake well until dissolved.

### **Stability and Storage Recommendations**

Ceftriaxone powder is stored at room temperature, 15-30°C. Solutions should be reconstituted immediately before use. If storage is required, these solutions should be refrigerated and used within 48 hours from time of reconstitution.

### **Reconstitution**

1. Dilute single dose vials of ceftriaxone with 0.9 ml 1% lidocaine solution (or sterile water) using a 1 ml syringe. Total volume will be approximately 1 ml.
2. Discard syringe and needle used for drawing up lidocaine/sterile water.
3. Shake vial well until all powder is dissolved.
4. Draw up the diluted product in a 2 ml syringe.
5. Discard the needle used to draw up the medication and attach 1.5 inch 21 gauge needle to syringe.

Dorso or ventrogluteal muscle is recommended for administration. Do not administer in the deltoid. Following the injection, apply pressure until bleeding has ceased but do not massage the area. Patient should wait for 15 minutes before leaving the office to ensure no immediate adverse reaction.

<sup>1</sup>Anti-infective Review Panel. Anti-infective Guidelines for Community-acquired Infections. Toronto:MUMS Guideline Clearinghouse; 2013 page viii