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Administration of Ceftriaxone (Rocephin®) for Treatment of Gonorrhea

Indications, Dosage and Administration

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

- 500 mg IM, administered deep ventro/dorsogluteal (NOT DELTOID)
- Pain can be lessened when reconstituted with 1.8ml 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 3rd generation cephalosporin therefore safe for use in penicillin allergic patients.[1]
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, 15-30ºC. 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

*Note: 2 vials are needed to reconstitute 500mg ceftriaxone.

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

Administration

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.

Reference: [1]Anti-infective Review Panel. Anti-infective Guidelines for Community-acquired Infections. Toronto: MUMS Guideline Clearinghouse; 2013 page viii

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