

BNF CLARIFICATIONS AND CORRECTIONS

DOSE OMISSIONS

ACICLOVIR

The following indications for intravenous use of **aciclovir** (p. 550) in the printed version of BNF 70 have been omitted or are unclear and should read as follows:

Indication: Severe genital herpes simplex, treatment, initial infection; Treatment of herpes simplex in the immunocompromised

BY INTRAVENOUS INFUSION

ADULT Initially 5 mg/kg every 8 hours usually for 5 days, or, 10 mg/kg every 8 hours for at least 14 days in encephalitis (at least 21 days if also immunocompromised)–confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment, higher dose to be used only if resistant organisms suspected or in simplex encephalitis

Indication: Varicella zoster (chickenpox), treatment in immunocompromised; Herpes Zoster (shingles), treatment in the immunocompromised

BY INTRAVENOUS INFUSION

ADULT 10 mg/kg every 8 hours usually for 5 days

Indication: Herpes zoster, treatment in encephalitis; Varicella zoster, treatment in encephalitis

BY INTRAVENOUS INFUSION

ADULT 10 mg/kg every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised or if severe infection

The indication information for oral **aciclovir** (p.550) for Herpes simplex, treatment (non-genital) in simplex encephalitis in the printed version of BNF 70 is incorrect and should read as follows:

Indication: Herpes simplex, treatment (non-genital) in immunocompromised patients or if absorption impaired

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CLINDAMYCIN

The dosage information for oral **clindamycin** (p. 467) in the printed version of BNF 70 is incorrect and should read as follows:

Indication: Staphylococcal bone and joint infections such as osteomyelitis; Peritonitis; Intra-abdominal sepsis; Meticillin-resistant Staphylococcus aureus (MRSA) in bronchiectasis; bone and joint infections, and skin and soft-tissue infections; Erysipelas or cellulitis in penicillin-allergic patients (alternative to macrolides)

ADULT 150–300 mg every 6 hours; increased if necessary up to **450 mg** every 6 hours, increased dose used in severe infection

ERYTHROMYCIN

The dosage information for **erythromycin** (p. 471-472) in the printed version of BNF 70 is incorrect and should read as follows:

Indication: Prevention of pneumococcal infection in asplenia or in patients with sickle-cell disease, and who are penicillin allergic

BY MOUTH

CHILD 1 month–1 year 125 mg twice daily, antibiotic prophylaxis is not fully reliable.

CHILD 2–7 years **250 mg** twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.

CHILD 8–17 years 500 mg twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.

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PYRIMETHAMINE

The dosage information for **pyrimethamine** (p. 539) in the printed version of BNF 70 is incorrect and should read as follows:

Indication: Congenital toxoplasmosis (in combination with sulfadiazine and folinic acid)

NEONATE 1 mg/kg twice daily for 2 days, then 1 mg/kg once daily for 6 months, then 1 mg/kg 3 times a week for 6 months

DOSE REQUIRING UPDATE

CEFTRIAZONE

Update highlighted: Susceptible infections due to sensitive Gram-positive and Gram-negative bacteria – By Deep IM or by IV injection or by IV infusion—child 1 month–11 years (body-weight 50 kg and above) i.e. no dose for child less than 50 kg

Action: Dose in BNF 70 is consistent with that in BNF 69. However, the dose of ceftriazone does require updating in line with the latest SPC for Rocephin.

ADMINISTRATION CORRECTIONS

VECURONIUM BROMIDE

The dilution information in the directions for administration section of the **vecuronium bromide** (p. 1105) monograph in the printed version of BNF 70 is incorrect and should read as follows:

DIRECTIONS FOR ADMINISTRATION:

For CONTINUOUS INTRAVENOUS INFUSION, dilute reconstituted solution to a concentration up to 40 micrograms/mL with Glucose 5% or Sodium Chloride 0.9%; reconstituted solution can also be given via drip tubing.

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INDEX CORRECTIONS

BNF 70

INDEX ENTRY	Publication	Currently states	Correction
Budesonide	BNF	page 38, 228, 394	page 38, 228, 984
Ganciclovir eye gel	BNF	page 954	page 958
Rapilysin	BNF	page 947	page 195
Septrin	BNF	page 46	page 462
Venlaneo XL	BNF	page 1033	page 290
Vensir XL	BNF	page 1033	page 290