

# Aciclovir

<b>Indication</b>	Treatment and prophylaxis of herpes simplex (types I and II) and varicella zoster
<b>Dose</b>	<p><b>Herpes Simplex:</b> Cases should be discussed with virology. Helpful guidance: <a href="#">AAP HSV Guidance link</a> <u>Pre-emptive treatment of infection, but no proven disease:</u> 20 mg/kg 8 hourly until confirmed herpes PCR negative <u>Treatment of infection and proven disease:</u> 20 mg/kg 8 hourly for 14 days or for at least 21 days if CNS involvement (confirm CSF negative for herpes simplex before stopping treatment) <i>For proven CNS involvement there is evidence of improved neurodevelopment outcome if an aciclovir suppression course is continued at a dose of 300 mg/m<sup>2</sup> 8 hourly orally for 6 months</i></p> <p><b>Chickenpox and Herpes Zoster:</b> <u>Treatment:</u> 20 mg/kg 8 hourly for at least 7 days <u>Treatment of encephalitis:</u> 20mg/kg 8 hourly for 10-14 days, possibly longer if immunocompromised <u>Prophylaxis after delivery:</u> <i>Prophylaxis should be considered for neonates whose mothers develop chickenpox 7 days before to 5 days after delivery</i> 10 mg/kg 8 hourly for 5 days or continued until serological tests confirm absence of virus</p>
<b>Route of administration</b>	IV via peripheral line – concentrations up to 5mg/mL IV via central line – concentrations up to 10mg/mL
<b>To prepare an infusion</b>	250mg in 10ml vials (25mg/ml) <b>Preferred diluent:</b> sodium chloride 0.9%  <p><b>To make 5mg/mL:</b> Draw up 2mls of 250mg/10mL aciclovir (50mg) and add to 8mL of diluent. Withdraw required dose and infuse over 60 minutes</p> <p><b>To make 10mg/mL:</b> Draw up 2mls of 250mg/10mL aciclovir (50mg) and add to 3mL of diluent. Withdraw required dose and infuse over 60 minutes</p>
<b>Compatibilities</b>	Glucose 5%, sodium chloride 0.9%, cefotaxime, ceftazidime, dexamethasone, fentanyl, fluconazole, heparin, hydrocortisone, metronidazole, milrinone, potassium chloride, ranitidine, vancomycin, zidovudine
<b>Known incompatibilities</b>	Caffeine citrate, dobutamine, dopamine, parenteral nutrition
<b>Notes</b>	<p><b>If varicella zoster infection is suspected then use of varicella-zoster immunoglobulin should be discussed with a virologist.</b> <b>Link to the Green Book – <a href="#">Varicella Chapter - Green Book</a></b></p> <p><b>Renal impairment:</b> Use normal dose every 12 hours if eGFR 25-30mL/min/1.73m<sup>2</sup> Use normal dose 24 hourly if eGFR 10-25mL/min/1.73m<sup>2</sup></p> <p>The drug is most effective early in the infection as incorporation into viral DNA is highly selective for infected cells during the phase of viral replication.</p> <p>If there is no compatibility information for specific drugs, do not assume compatibility. For incompatible drugs or those with no compatibility information use a separate line.</p> <p>For side-effects see the BNFc.</p>
<b>References</b>	Leeds Teaching Hospitals neonatal prescribing and administration monograph , BNFc, Handbook on injectable drugs, Neonatal Formulary 7 <sup>th</sup> edition, Medusa.

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Clinicians must accept individual responsibility for using this information and prescribing safely.