# Zidovudine IV

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| Band Name | Retrovir, AZT |
| Drug Type | Antiviral |
| Indication | Perinatal transmission accounts for the majority of human immunodeficiency virus [HIV] infections among children. There is evidence to suggest that the administration of Zidovudine to HIV positive women in pregnancy and labour and to the neonate following birth may significantly reduce the maternal-infant HIV transmission rate [see labour ward policy manual]. |
| Action | Zidovudine reduces the risk of maternal-infant transmission by possibly reducing the maternal viral load and subsequent exposure of the fetus in utero, of the infant at delivery or both. |
| Presentation | Intravenous preparation: 200mg/20ml [10mg/ml] ampoule [must be diluted prior to use]. |
| Storage | |
| Dose | 1.5 mg/Kg/dose |
| Interval (hr) | 6 |
| Dilution | Add 1.5mg/kg [10mg/ml Zidovudine] to 5% dextrose to make a 5ml solution ie 0.3mg/kg/ml solution. Strength of solution must not exceed 4mg/ml. |
| Administration | Intravenous infusion over 30 minutes. Commence between 8-12 hours after birth. Change to oral when enteral feeding is established. |
| Side Effects | Use with caution in the presence of renal or hepatic impairment; The neonate may have a low Hb at birth - in an otherwise well infant this does not usually require treatment; Monitor full blood count for anaemia or granulocytopoenia |
| Contraindications | |
| Other Considerations | Zidovudine solutions should be inspected visually for particulate matter and discolouration prior to administration if either is present the solution should be discarded.<br><br>Zidovudine is a non formulary drug so nursing staff are not to administer the drug but may monitor its administration once it has been commenced. |

## References

Connor et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *The New England Journal of Medicine*, 1994; **331(18):** 1173-1180.

American Hospital Formulary Service [1995] AHFS Drug Information.