Metronidazole intravenous - *medication shortage*

Fact Sheet – *for hospitals and acute care facilities*

This **Fact Sheet** is intended as a guide only and does not equate to expert opinion. Interpretation of recommendations should always be taken in context with the patient's current condition and formal clinical review.

There is currently an Australia-wide shortage of intravenous (IV) metronidazole

If your patient is currently prescribed **IV metronidazole**, please review and consider the following:

Is metronidazole **required** for the indication?	Review your local guidelines or the ***Therapeutic Guidelines: Antibiotic*** If not indicated, **CEASE** metronidazole (*e.g. for cholangitis add anaerobic treatment **only** if chronic biliary obstruction*)
Can **oral** metronidazole be prescribed instead?	Metronidazole has excellent oral bioavailability and IV therapy offers **no benefit** in a patient who is tolerating and absorbing oral medications The usual oral dose is **400mg 12-hourly** (*8-hourly for Clostridium difficile infection*)

If **IV metronidazole** is still recommended for the indication, consult with infectious diseases or clinical microbiology to discuss **alternatives**:

The choice of antibiotic or antibiotic combination will vary depending on the location and severity of infection and patient factors including antibiotic allergies or drug interactions

Piperacillin-tazobactam	Piperacillin-tazobactam may be an appropriate alternative (*e.g. for intra-abdominal or pelvic infections)*
Clindamycin	Clindamycin treats many anaerobes (*with some exceptions such as Bacteroides spp., which usually resides in the lower bowel*) Clindamycin can be a useful alternative for ENT and dental infections, lung infections related to aspiration or contaminated skin and soft tissue infections
Amoxicillin-clavulanate	The intravenous form of amoxicillin-clavulanate is also now available any may be an appropriate alternative