Cefalotin (cephalothin) - 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 local variations, the patient’s current condition and formal clinical review. Our recommendations are based on Therapeutic Guidelines, review of the literature and expert consensus.

There is currently an Australia-wide shortage of Cefalotin

If your patient is currently prescribed cefalotin, please review and consider the following:

Is cefalotin required for the indication?

- Review your local guidelines or the Therapeutic Guidelines: Antibiotic.
- If not indicated, CEASE cefalotin

Can cefalotin be ceased?

- If cefalotin is prescribed for surgical antibiotic prophylaxis (SAP), consider if this is necessary as SAP is not indicated for all procedures. Refer to the Therapeutic Guidelines: Antibiotic for a list of procedures that require SAP.

Can an oral alternative be used?

- For some infections, treatment can be prescribed orally if the patient can eat and drink.
- Note: oral therapy is not appropriate for a number of serious infections (e.g. central nervous system infections, endocarditis, check with infectious diseases or clinical microbiology if you are unsure)

If cefalotin is still recommended, consider

Cefazolin (cephazolin)

- Cefazolin may be safely substituted for cefalotin in most, if not all, cases.
- Ascertain if the patient has an allergy to cefazolin. If allergic, seek specialist advice (e.g. Infectious Diseases or Immunology).

If any concerns, always consult with an infectious diseases or clinical microbiology expert for advice