

Issue date
23 January 2023

Distributed to:

Chief Executives
Directors of Clinical Governance
Director, Regulation and Compliance Unit

Action required by:

Chief Executives
Directors of Clinical Governance

We recommend you also inform:

Directors, Managers and Staff of:

- Paediatrics
- Aged Care
- Stroke/Neurology
- Critical Care
- Emergency
- Infectious Diseases and Microbiology
- Respiratory

Drug and Therapeutics Committees

Other relevant clinicians, departments and committees.

Expert Reference Group

Content reviewed by:

Medicines Shortage Assessment and Management Team (including clinical experts from ID/Microbiology)
Medication Safety Expert Advisory Committee

Clinical Excellence Commission

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Disruption to supply – multiple antibiotic oral liquids

Situation

There is a current disruption to the supply of multiple antibiotic oral liquids in Australia due to manufacturing issues and unexpected increases in consumer demand. The antibiotic oral liquids affected include amoxicillin, amoxicillin plus clavulanic acid, cefalexin, flucloxacillin, metronidazole and phenoxymethylpenicillin.

Background

Antibiotic oral liquids are used as an alternative to tablets or capsules to treat infections caused by susceptible bacteria particularly in paediatric patients and patients with enteral feeding tubes or swallowing difficulties.

Assessment

Some of the antibiotic oral liquids affected have had alternatives approved under section 19A (S19A) of the Therapeutics Goods Act 1989 – detailed information about the alternatives can be found [here](#). Where there are no direct alternatives to the prescribed antibiotic oral liquid, patients will need to switch to an alternative formulation such as tablet or capsule, or an alternative antibiotic.

Recommendations

- Limit supply of antibiotic oral liquids available in clinical areas (on 'imprest') while ensuring availability outside pharmacy operating hours.
- Use oral liquid formulations only when dispersed/crushed formulations are not suitable
- If the preferred antibiotic is not available in an acceptable formulation, clinicians should carefully consider individual patient factors, condition being treated and microorganism being targeted when selecting an alternative agent. Please refer to the National Centre for Antimicrobial Stewardship (NCAS) medication shortage factsheets ([available here](#)) and seek expert advice from Infectious Diseases/Microbiology if required.
- The *Australian Don't Rush to Crush* handbook (accessible through MIMS in [CIAP](#)) should be used to determine if tablet and capsule formulations can be dispersed/crushed, and the best method to follow based on individual patient factors.
- Clearly communicate changes to prescribed medications in the patient's medical record and ensure that this is handed over appropriately especially at transitions of care. Provide written information to patients including dosing and preparation instructions (if required).
- Establish regular liaison between microbiology and pharmacy departments to discuss local stock situation and to help inform antibiotic susceptibility testing and reporting.

Required actions for the Local Health Districts/Networks

1. Distribute this Safety Notice to all relevant clinicians and clinical departments where antibiotic oral liquids are held, prescribed, and administered, and include this Safety Notice in relevant handovers and safety huddles.
2. Undertake a local risk assessment and incorporate the above recommendations to manage the disruption of supply of antibiotic oral liquids
3. Ensure a system is in place to document actions taken in response to this Safety Notice.
4. Confirm receipt and distribution of this Safety Notice within **72 hours** to: CEC-MedicationSafety@health.nsw.gov.au