

Sheet1

DRUGCLIN_DATA,C,73

1005 Effective against most Gram-positive organisms with the exception of
1005 penicillinase-producing staphylococci and pp Neisseria gonorrhoea.
1005 Useful for treating STD caused by gonorrhoea.
1005 One of the drugs recommended by the CDC for outpatient treatment of
1005 acute PID and salpingitis.
1006 May be used in combination with an aminoglycoside or cephalosporin as
1006 initial therapy. Used in life-threatening Pseudomonas infections.
1007 May be used in combination with an aminoglycoside or cephalosporin as
1007 initial therapy. Used for life-threatening Pseudomonas infections.
1008 May be used in combination with an aminoglycoside or cephalosporin as
1008 initial therapy. Used in life-threatening Pseudomonas infections.
1010 Useful in susceptible gram-negative infections when the potential
1010 toxicity of aminoglycosides may be avoided. More active against certain
1010 gram-negative bacilli and is less active against gram-positive cocci
1010 than either cephalothin or cefazole. Resistance occurs frequently.
1011 Bactericidal for most gram-positive and certain gram-negative organ-
1011 isms. With the exception of Klebsiella species and UTI that are resistant
1011 to penicillin or sulfanomides, cephalosporins are not agents of choice.
1011 Widely used in perioperative prophylaxis. Should not be administered
1011 to patients who have had immediate or accelerated reactions to penicillin
1011 The first-generation cephalosporin of choice for IV use. Also the most
1011 cost-effective for IV administration.
1012 Active against gram-positive and gram-negative bacteria.
1012 In combination, it is synergistic against Pseudomonas with cephalosporins
1012 and broad spectrum penicillins. High degree of protein binding produces
1012 very high serum levels to make the drug adequate to treat most infections
1012 even though it is less active than other third-generation cephalosporins
1012 against many bacteria.
1013 As with other third-generation cephalosporins, the true clinical role
1013 of cefotaxime remains to be defined. Useful in treatment of STD caused by
1013 gonorrhoea and other serious infections due to susceptible gram-negatives.
1013 As with other third-generation cephalosporins, the true clinical role
1013 of cefotaxime remains to be defined. Useful in treatment of STD caused by
1013 gonorrhoea and other serious infections due to susceptible gram-negatives.
1014 Useful when mixed aerobic-anaerobic infection is suspected, such as
1014 the empiric therapy of peritonitis or pelvic infection. Should not be
1014 used alone when resistant gram-negative bacilli, such as Pseudomonas, may
1014 be the etiologic agent. Effective for perioperative prophylaxis.
1014 Useful in treating STD in disseminated gonorrhoea infection.
1014 Painful on IM injection. Give with a local anesthetic like lidocaine.
1014 The second-generation cephalosporin of choice for IV administration
1014 when Bacteroides is suspected.
1014 One of the drugs recommended by the CDC for treatment of acute PID
1014 and salpingitis on either outpatient or inpatient basis.
1014 Useful when mixed aerobic-anaerobic infection is suspected, such as
1014 the empiric therapy of peritonitis or pelvic infection. Should not be
1014 used alone when resistant gram-negative bacilli, such as Pseudomonas, may
1014 be the etiologic agent. Effective for perioperative prophylaxis.

Sheet1

- 1014 Useful in treating STD in disseminated gonorrhea infection.
1014 Painful on IM injection. Give with a local anesthetic like lidocaine.
1014 The second-generation cephalosporin of choice for IV administration
1014 when Bacteroides is suspected.
1014 One of the drugs recommended by the CDC for treatment of acute PID
1014 and salpingitis on either outpatient or inpatient basis.
1014 Useful when mixed aerobic-anaerobic infection is suspected, such as
1014 the empiric therapy of peritonitis or pelvic infection. Should not be
1014 used alone when resistant gram-negative bacilli, such as Pseudomonas, may
1014 be the etiologic agent. Effective for perioperative prophylaxis.
1014 Useful in treating STD in disseminated gonorrhea infection.
1014 Painful on IM injection. Give with a local anesthetic like lidocaine.
1014 The second-generation cephalosporin of choice for IV administration
1014 when Bacteroides is suspected.
1014 One of the drugs recommended by the CDC for treatment of acute PID
1014 and salpingitis on either outpatient or inpatient basis.
1014 Useful when mixed aerobic-anaerobic infection is suspected, such as
1014 the empiric therapy of peritonitis or pelvic infection. Should not be
1014 used alone when resistant gram-negative bacilli, such as Pseudomonas, may
1014 be the etiologic agent. Effective for perioperative prophylaxis.
1014 Useful in treating STD in disseminated gonorrhea infection.
1014 Painful on IM injection. Give with a local anesthetic like lidocaine.
1014 The second-generation cephalosporin of choice for IV administration
1014 when Bacteroides is suspected.
1014 One of the drugs recommended by the CDC for treatment of acute PID
1014 and salpingitis on either outpatient or inpatient basis.
1015 Third-generation cephalosporin. Greater activity against Enterobacteria
1015 than moxalactam or cefotaxime.
1016 Less active than any of the other cephalosporins against both
1016 gram-negative and gram-positive organisms. Use should be limited to UTI
1016 caused by organisms resistant to penicillins or sulfanomides, or to minor
1016 infections due to Staphylococcus aureus in patients with a history of
1016 delayed hypersensitivity to penicillin. Similar to cephadrine.
1017 Clinical use similar to cefazolin, but considered less desirable
1017 because of lower serum levels after comparable doses, more pain on injec-
1017 tion, and the additive nephrotoxicity noted when cephalothin is given
1017 with gentamicin or tobramycin. Similar to cephalirin.
1018 Primarily useful in treatment of anaerobic infections, including those
1018 caused by Bacteroides fragilis. Intrabdominal infections due to anaerobes
1018 and aerobic gram-negative bacilli may be treated with clindamycin in
1018 combination with an aminoglycoside.
1018 Useful in prophylaxis for hysterectomy or cesarean section.
1018 One of the drugs recommended by the CDC for the treatment of acute PID
1018 and salpingitis.
1019 Unique among tetracyclines in not accumulating in renal insufficiency.
1019 Useful in treating an extraurinary infection in a patient with renal
1019 insufficiency. Effective against Chlamydia.
1019 One of the drugs recommended by the CDC for the treatment of acute PID
1019 and salpingitis on either outpatient or inpatient basis.

Sheet1

- 1020 Useful in Chlamydia and as an alternative to penicillin in the treat-
1020 ment of listeriosis and STD due to syphilis and gonorrhea in pregnancy.
- 1022 Useful in treatment of serious gram-negative infections in all sites.
1022 In combination with cephalosporins or broad-spectrum penicillins it is
1022 frequently synergistic against various gram-negative bacilli.
1022 Also used in combination with penicillin G, ampicillin, and vancomycin
1022 for treatment of serious Enterococcal infections.
- 1022 Used in combination with penicillinase-resistant penicillins to treat
1022 serious Staphylococcus infection.
- 1022 One of the drugs recommended by the CDC for the treatment of acute PID
1022 and salpingitis.
- 1029 Useful in empiric or specific therapy of nosocomial infections, either
1029 alone or in combination with an aminoglycoside or a penicillin.
- 1029 Significantly less active against Staphylococcus than cephalosporins
1029 or cefotaxime. Group A and B Streptococcus are susceptible, but as with
1029 all cephalosporins, Enterococcus is resistant.
- 1030 Like methicillin, this drug is used to treat Staphylococcal infection
1030 only. It also appears to be less nephrotoxic than methicillin. It is not
1030 hepatotoxic, as is oxacillin, and therefore, this drug is the parenteral
1030 antistaphylococcal agent of choice. Oral forms of nafcillin are poorly
1030 absorbed: cloxacillin or dicloxacillin are recommended instead.
- 1040 Useful in STD caused by gonorrhea and syphilis in penicillin-allergic
1040 patients, and in treating UTI or lymphogranuloma venereum.
- 1040 Agent of choice in treating Chlamydia.
- 1040 Many strains of Klebsiella, Enterobacter, Serratia and Pseudomonas are
1040 inhibited by concentrations that are achievable in urine.
- 1040 One of the drugs recommended by the CDC for outpatient treatment of
1040 acute PID and salpingitis.
- 1041 Activity similar to carbenicillin, but requires lower concentrations.
- 1044 Primary use in treatment of severe Streptococcus and staphylococcus
1044 infections in patients allergic to penicillins.
- 1044 Drug of choice in methicillin-resistant Staphylococcus infections.
- 1044 Enhanced activity in combination with an aminoglycoside or rifampin.
- 1046 The first-generation cephalosporin of choice for oral use. Also the
1046 most cost-effective for oral administration.
- 1045 The oral second-generation cephalosporin of choice for cost-effectiveness