

Sheet1

DRUGREINTERACT,C,73

- 1001 2 probenecid: renal excretion is decreased resulting in higher serum conc.
- 1002 2 cephalosporins: potential for synergistic nephrotoxicity exists.
- 1002 2 potent diuretics: may potentiate ototoxicity or nephrotoxicity.
- 1002 2 penicillin: inactivation of the aminoglycosides may cause lower concentr.
- 1002 2 May enhance nephrotoxicity of platinum cmpds, amphotericin B, polymyxins
- 1003 2 hypersensitivity, gastrointestinal disturbances. See penicillin G.
- 1004 2 digitalis: caution must be taken to monitor hypokalemia carefully.
- 1004 2 penicillin: carbenicillin or ticarcillin may exacerbate hypokalemia.
- 1005 2 See penicillin G.
- 1006 2 See penicillin G.
- 1007 2 See penicillin G.
- 1008 2 See penicillin G.
- 1009 2 See penicillin G.
- 1010 2 See cephalothin.
- 1011 2 See cephalothin
- 1012 2 See cephalothin.
- 1013 2 See cephalothin.
- 1014 2 See cephalothin
- 1015 2 See cephalothin.
- 1016 2 See cephalothin.
- 1017 2 uricosurics (probenecid, sulfinpyrazone) block renal tubular secretion
- 1017 2 and decrease clearance of most cephalosporins.
- 1017 2 furosemide: enhanced nephrotoxicity. Benedicts solution (Clinitest) may
- 1017 2 produce a false positive reaction.
- 1018 2 No significant interactions are reported.
- 1019 2 See tetracycline.
- 1020 2 No clinically significant interactions are reported.
- 1021 2 None are reported.
- 1022 2 See amikacin.
- 1023 2 barbiturates: may increase metabolism of griseofulvin.
- 1023 2 warfarin: may increase metabolism of warfarin, thus negating its effect.
- 1024 2 See amikacin.
- 1025 2 alkalinizing agents: acetazolamide negates the drug's effects.
- 1026 2 See penicillin G.
- 1027 2 alcohol: antabuse or disulfiram-like reaction may occur.
- 1028 2 warfarin: prolongation of prothrombin time has been noted.
- 1029 2 glucose testing: does not interfere with urine test as do cephalosporins.
- 1029 2 probenecid: disposition of moxalactam is not altered by probenecid.
- 1030 2 See penicillin G.
- 1031 2 warfarin: may displace warfarin from protein binding sites.
- 1031 2 nitrofurantoin: the two drugs are antagonistic in vitro.
- 1032 2 See amikacin.
- 1033 2 probenecid: decrease the renal clearance resulting in lower urinary
- 1033 2 concentrations and in potentially toxic serum levels.
- 1034 2 See penicillin G.
- 1035 2 aminoglycosides: high concentrations bind and inactivate aminoglycosides.
- 1035 2 uricosuric agents: probenecid, indomethacin, sulfinpyrazone and
- 1035 2 high-dose aspirin can block secretion and lead to high serum levels.

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- 1036 2 See penicillin G.
- 1037 2 None are reported.
- 1038 2 oral hypoglycemics: transient hypoglycemia by displacement from protein.
- 1038 2 phenytoin: inhibits metabolism leading to excessive serum levels.
- 1039 2 See sulfisoxazole.
- 1040 2 diuretics: may increase BUN by volume depletion.
- 1040 2 antacids: absorption from the GI tract is diminished.
- 1040 2 methoxyflurane: may enhance nephrotoxicity of this anesthetic.
- 1040 2 penicillin: See penicillin G.
- 1041 2 See penicillin G.
- 1042 2 See amikacin.
- 1043 2 See sulfonamides.
- 1044 2 cholestyramine: can bind vancomycin if the two are given together.
- 1046 1 See cephalothin.
- 1045 1 See cephalothin.
- 1047 1 See penicillin G.
- 1048 1 none known