

**CLASSIFICATION****Clinical:** Antibiotic**Pharmacotherapeutic:** Penicillin**PREGNANCY/LACTATION****Category B:** Crosses placenta, appears in cord blood, amniotic fluid. Distributed in breast milk in low concentrations. May lead to allergic sensitization, diarrhea, candidiasis, skin rash in infant.**AVAILABILITY (Rx)****Tablets (chewable):** 125 mg, 200 mg, 250 mg, 400 mg. **Tablets:** 500 mg, 875 mg. **Capsules:** 250 mg, 500 mg. **Powder for Oral Suspension:** 50 mg/ml, 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml.**PHARMACOKINETICS**

Well absorbed from GI tract. Partially metabolized in liver. Primarily excreted in urine. Removed by hemodialysis. Half-life: 1–1.3 hrs (increased in reduced renal function).

**ACTION/THERAPEUTIC EFFECT**Bactericidal in susceptible microorganisms by *inhibition of cell wall synthesis*.**USES/UNLABELED**Treatment of skin/skin structure, respiratory, GI, and GU infections, otitis media, gonorrhea. Treatment of *H. pylori* associated with peptic ulcer; *Lyme disease*; *typhoid fever*.**ADMINISTRATION/HANDLING****Oral**

- Give orally without regard to meals.
- Instruct pt to chew or crush chewable tablets thoroughly before swallowing.
- Store capsules, tablets at room temperature.
- Oral solution, after reconstitution, stable for 14 days at either room temperature or refrigeration.

**INDICATION/ROUTE/DOSAGE****Ear, nose, throat, GU, skin/skin structure infections****Oral:** *Adults, children >20 kg:* 250–500 mg q8h (or 500–875 mg tablets twice/day). *Children <20 kg:* 20–40 mg/kg/day in divided doses q8–12h.**Lower respiratory tract infections****Oral:** *Adults, children >20 kg:* 500 mg q8h (or 875 mg tablets twice/day). *Children <20 kg:* 40 mg/kg/day in divided doses q8–12h.**Acute, uncomplicated gonorrhea, epididymo-orchitis****Oral:** 3 g one time with 1 g probenecid. Follow with tetracycline or erythromycin therapy.**Acute otitis media****Oral:** *Children:* 80–90 mg/kg/day in divided doses.***H. pylori*****Oral:** *Adults (in combination):* 1 g 2 times/day for 10 days.**PRECAUTIONS****Contraindications:** Infectious mononucleosis, hypersensitivity to any penicillin. **Cautions:** History of allergies (esp. cephalosporins), antibiotic-associated colitis.**INTERACTIONS****DRUG:** Allopurinol may increase incidence of rash. Probenecid may increase concentration, toxicity risk. May decrease effects of oral contraceptives.**FOOD:** None significant. **LAB VALUES:** May increase SGOT (AST), SGPT (ALT), LDH, bilirubin, creatinine, BUN. May cause positive Coombs' test.**SIDE EFFECTS****FREQUENT:** GI disturbances (mild diarrhea, nausea or vomiting), headache, oral/vaginal candidiasis. **OCCASIONAL:** Generalized rash, urticaria.**ADVERSE REACTIONS/TOXIC EFFECTS**

Superinfections, potentially fatal antibiotic-associated colitis (abdominal cramps, watery severe diarrhea, fever) may result from altered bacterial balance. Severe hypersensitivity reactions including anaphylaxis, acute interstitial nephritis occur rarely.

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**NURSING IMPLICATIONS****Baseline Assessment:** Question for history of allergies, esp. penicillins, cephalosporins. Obtain specimen for culture and sensitivity before giving first dose (therapy may begin before results of test are known).**Intervention/Evaluation:** Hold medication and promptly report rash or diarrhea (with fever, abdominal pain, mucus and blood in stool may indicate antibiotic-associated colitis). Assess food tolerance. Monitor I&O, urinalysis, renal function tests. Be alert for superinfection: increased fever, sore throat onset, vomiting, diarrhea, black/hairy tongue, ulceration or changes of oral mucosa, anal/genital pruritus.**Patient/Family Teaching:** Continue antibiotic for full length of treatment. Space doses evenly. Take with meals if GI upset occurs. Thoroughly chew the chewable tablets before swallowing. Notify physician in event of rash, diarrhea, or other new symptom.**Lifespan Considerations:** Immature renal function in neonate/young infant may delay renal excretion. Age-related renal impairment in elderly may require dose adjustment.