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Co-fluampicil

02-Jul-2018

● **INDICATIONS AND DOSE**

Mixed infections involving beta-lactamase-producing staphylococci

► BY MOUTH
- Child 1 month–9 years: 125/125 mg every 6 hours
- Child 10–17 years: 250/250 mg every 6 hours

► BY INTRAMUSCULAR INJECTION, OR BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION
- Child 1 month–1 year: 62.5/62.5 mg every 6 hours
- Child 2–9 years: 125/125 mg every 6 hours
- Child 10–17 years: 250/250 mg every 6 hours

Severe mixed infections involving beta-lactamase-producing staphylococci

► BY MOUTH
- Child 1 month–9 years: 250/250 mg every 6 hours
- Child 10–17 years: 500/500 mg every 6 hours

► BY INTRAMUSCULAR INJECTION, OR BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION
- Child 1 month–1 year: 125/125 mg every 6 hours
- Child 2–9 years: 250/250 mg every 6 hours
- Child 10–17 years: 500/500 mg every 6 hours

IMPORTANT SAFETY INFORMATION

HEPATIC DISORDERS

Cholestatic jaundice and hepatitis may occur very rarely, up to two months after treatment with flucloxacillin has been stopped. Administration for more than 2 weeks and increasing age are risk factors. Healthcare professionals are reminded that:
- flucloxacillin should not be used in patients with a history of hepatic dysfunction associated with flucloxacillin;
- flucloxacillin should be used with caution in patients with hepatic impairment;
- careful enquiry should be made about hypersensitivity reactions to beta-lactam antibacterials.

● **CAUTIONS**

GENERAL CAUTIONS Acute lymphocytic leukaemia (increased risk of erythematous rashes) · chronic lymphocytic leukaemia (increased risk of erythematous rashes) · cytomegalovirus infection (increased risk of erythematous rashes) · glandular fever (erythematous rashes common)

SPECIFIC CAUTIONS
- With intravenous use accumulation of electrolytes contained in parenteral preparations can occur with high doses · risk of kernicterus in jaundiced neonates when high doses given parenterally

● **INTERACTIONS** → Appendix 1: penicillins

● **SIDE-EFFECTS** Arthralgia · bronchospasm · coma · dyspnoea · electrolyte imbalance · eosinophilia · erythema nodosum · gastrointestinal disorder · hallucination · Jarisch-Herxheimer reaction · myalgia · purpura non-thrombocytopenic · vasculitis

● **PREGNANCY** Not known to be harmful.

● **BREAST FEEDING** Trace amount in milk, but appropriate to use.

● **HEPATIC IMPAIRMENT** Manufacturer advises use with caution in hepatic dysfunction.

● **RENAL IMPAIRMENT**
- With intravenous use Accumulation of electrolytes contained in parenteral preparations can occur in patients with renal failure.

Dose adjustments Reduce dose or frequency if estimated glomerular filtration rate less than 10 mL/minute/1.73 m^2; rashes more common.

● **EFFECT ON LABORATORY TESTS** False-positive urinary glucose (if tested for reducing substances).

● **PRESCRIBING AND DISPENSING INFORMATION** Dose expressed as a combination of equal parts by mass of flucloxacillin and ampicillin.

● **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Oral suspension

CAUTIONARY AND ADVISORY LABELS 9, 22
- **Co-fluampicil (Non-proprietary)**
  Ampicillin (as Ampicillin trihydrate) 25 mg per 1 ml, Flucloxacillin (as Flucloxacillin magnesium) 25 mg per 1 ml Co-fluampicil 125mg/125mg/5ml oral suspension | 100 ml PoM £23.93 DT = £23.93

Powder for solution for injection

ELECTROLYTES: May contain Sodium
- **Co-fluampicil (Non-proprietary)**
  Ampicillin (as Ampicillin sodium) 250 mg, Flucloxacillin (as Flucloxacillin sodium) 250 mg Co-fluampicil 250mg/250mg powder for solution for injection vials | 10 vial PoM £13.33

Capsule

CAUTIONARY AND ADVISORY LABELS 9, 22
- **Co-fluampicil (Non-proprietary)**
  Ampicillin (as Ampicillin trihydrate) 250 mg, Flucloxacillin (as Flucloxacillin sodium) 250 mg Co-fluampicil 250mg/250mg capsules | 28 capsule PoM £2.27 DT = £1.95 | 100 capsule PoM £6.96

ANTIBACTERIALS › PENICILLINS, BROAD-SPECTRUM WITH BETA-LACTAMASE INHIBITOR

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Co-amoxiclav

02-Jul-2018

● **INDICATIONS AND DOSE**

Infections due to beta-lactamase-producing strains (where amoxicillin alone not appropriate), including respiratory tract infections, bone and joint infections, genito-urinary and abdominal infections, cellulitis and animal bites

► BY MOUTH USING TABLETS
- Child 12–17 years: 250/125 mg every 8 hours; increased to 500/125 mg every 8 hours, increased dose used for severe infection

► BY INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION
- Neonate: 30 mg/kg every 12 hours, intravenous infusion recommended in children less than 3 months.
- Child 1–2 months: 30 mg/kg every 12 hours, intravenous infusion recommended in children less than 3 months
- Child 3 months–17 years: 30 mg/kg every 8 hours (max. per dose 1.2 g every 8 hours)

Infections due to beta-lactamase-producing strains (where amoxicillin alone not appropriate) including respiratory-tract infections, bone and joint infections, genito-urinary and abdominal infections, cellulitis, animal bites (doses for 125/31 suspension)

► BY MOUTH USING ORAL SUSPENSION
- Neonate: 0.25 mL/kilogram 3 times a day.
- Child 1–11 months: 0.25 mL/kilogram 3 times a day, dose doubled in severe infection
- Child 1–5 years: 0.25 mL/kilogram 3 times a day, alternatively 5 mL 3 times a day, dose doubled in severe infection