

● PATIENT AND CARER ADVICE

Driving and skilled tasks Manufacturer advises patients and carers should be cautioned on the effects on driving and performance of skilled tasks—increased risk of dizziness.

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

Powder for solution for infusion

▶ **Tigecycline (Non-proprietary)**

Tigecycline 50 mg Tigecycline 50mg powder for solution for infusion vials | 10 vial **[PoM]** £290.79 (Hospital only)

▶ **Tygacil (Pfizer Ltd)**

Tigecycline 50 mg Tygacil 50mg powder for solution for infusion vials | 10 vial **[PoM]** £323.10 (Hospital only)

ANTIBACTERIALS > OTHER

Chloramphenicol

13-May-2020

● **DRUG ACTION** Chloramphenicol is a potent broad-spectrum antibiotic.

● **INDICATIONS AND DOSE**

Life threatening infections particularly those caused by *Haemophilus influenzae* | Typhoid fever

▶ BY MOUTH, OR BY INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

▶ **Child:** 12.5 mg/kg every 6 hours, dose may be doubled in severe infections such as septicaemia, meningitis and epiglottitis providing plasma-chloramphenicol concentrations are measured and high doses reduced as soon as indicated

▶ BY INTRAVENOUS INJECTION

▶ **Neonate up to 14 days:** 12.5 mg/kg twice daily, doses should be checked carefully as overdosage can be fatal.

▶ **Neonate 14 days to 28 days:** 12.5 mg/kg 2–4 times a day, doses should be checked carefully as overdosage can be fatal.

Cystic fibrosis for the treatment of respiratory *Burkholderia cepacia* infection resistant to other antibacterials

▶ BY MOUTH, OR BY INTRAVENOUS INFUSION, OR BY INTRAVENOUS INJECTION

▶ **Child:** (consult product literature)

● **CONTRA-INDICATIONS** Acute porphyrias p. 652

● **CAUTIONS** Avoid repeated courses and prolonged treatment

● **INTERACTIONS** → Appendix 1: chloramphenicol

● **SIDE-EFFECTS**

▶ **Rare or very rare**

▶ With parenteral use Aplastic anaemia (reversible or irreversible, with reports of resulting leukaemia)

▶ **Frequency not known**

▶ With oral use Bone marrow disorders · circulatory collapse · diarrhoea · enterocolitis · nausea · optic neuritis · oral disorders · ototoxicity · vomiting

▶ With parenteral use Agranulocytosis · bone marrow disorders · depression · diarrhoea · dry mouth · fungal superinfection · headache · nausea · nerve disorders · thrombocytopenic purpura · urticaria · vision disorders · vomiting

SIDE-EFFECTS, FURTHER INFORMATION Associated with serious haematological side-effects when given systemically and should therefore be reserved for the treatment of life-threatening infections.

Grey syndrome Grey baby syndrome (abdominal distension, pallid cyanosis, circulatory collapse) may follow excessive doses in neonates with immature hepatic metabolism.

● **PREGNANCY** Manufacturer advises avoid; neonatal ‘grey-baby syndrome’ if used in third trimester.

● **BREAST FEEDING** Manufacturer advises avoid; use another antibiotic; may cause bone-marrow toxicity in infant; concentration in milk usually insufficient to cause ‘grey syndrome’.

● **HEPATIC IMPAIRMENT** Manufacturer advises caution (increased risk of bone-marrow depression)—monitor plasma-chloramphenicol concentration.

Dose adjustments Manufacturer advises consider dose reduction.

Monitoring Monitor plasma-chloramphenicol concentration in hepatic impairment.

● **RENAL IMPAIRMENT** Avoid in severe renal impairment unless no alternative; dose-related depression of haematopoiesis.

● **MONITORING REQUIREMENTS**

▶ Plasma concentration monitoring preferred in those under 4 years of age.

▶ Recommended peak plasma concentration (approx. 2 hours after administration by mouth, intravenous injection or infusion) 10–25 mg/litre; pre-dose (‘trough’) concentration should not exceed 15 mg/litre. Blood counts required before and periodically during treatment.

▶ In neonates Plasma concentration monitoring required in neonates. Grey baby syndrome may follow excessive doses in neonates with immature hepatic metabolism.

● **DIRECTIONS FOR ADMINISTRATION**

▶ With intravenous use Displacement value may be significant for injection, consult local guidelines. For intermittent intravenous infusion, dilute reconstituted solution further in glucose 5% or sodium chloride 0.9%.

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

Powder for solution for injection

ELECTROLYTES: May contain Sodium

▶ **Chloramphenicol (Non-proprietary)**

Chloramphenicol (as Chloramphenicol sodium succinate)

1 gram Chloramphenicol 1g powder for solution for injection vials | 1 vial **[PoM]** £88.00 DT = £88.00

Capsule

▶ **Chloramphenicol (Non-proprietary)**

Chloramphenicol 250 mg Chloramphenicol 250mg capsules | 60 capsule **[PoM]** £377.00 DT = £377.00

Daptomycin

21-Feb-2019

● **DRUG ACTION** Daptomycin is a lipopeptide antibacterial with a spectrum of activity similar to vancomycin but its efficacy against enterococci has not been established. It needs to be given with other antibacterials for mixed infections involving Gram-negative bacteria and some anaerobes.

● **INDICATIONS AND DOSE**

Complicated skin and soft-tissue infections caused by Gram-positive bacteria

▶ BY INTRAVENOUS INFUSION

▶ **Child 12–23 months:** 10 mg/kg once daily for up to 14 days, alternatively 12 mg/kg once daily, higher dose only if associated with *Staphylococcus aureus* bacteraemia—duration of treatment in accordance with risk of complications in individual patients

▶ **Child 2–6 years:** 9 mg/kg once daily for up to 14 days, alternatively 12 mg/kg once daily, higher dose only if associated with *Staphylococcus aureus* bacteraemia—duration of treatment in accordance with risk of complications in individual patients

▶ **Child 7–11 years:** 7 mg/kg once daily for up to 14 days, alternatively 9 mg/kg once daily, higher

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