

PHARMACOKINETICS

Well absorbed; onset 1 hr; peak 2-3 hr; duration 12-24 hr; 80% excreted in urine; feces 11% half-life 14.5 hr, increased in renal disease

INTERACTIONS

Increase: fexofenadine effect—erythromycin, ketoconazole

Decrease: effect—magnesium-aluminum-containing antacids

Drug/Food

Decrease: absorption of product—apple, orange, grapefruit juice

Drug/Lab Test

False negative: skin allergy tests

NURSING CONSIDERATIONS

Assess:

- **Allergy:** itchy, runny, watery eyes; congested nose; before and during treatment
- Bronchial secretions, lung sounds; increase fluids to 2000 mL/day unless contraindicated to decrease thickness of secretions
- **Pregnancy/breastfeeding:** no well-controlled studies; use only if benefits outweigh fetal risk

Evaluate:

- Therapeutic response: absence of running or congested nose or rashes

Teach patient/family:

- About all aspects of product use; to notify prescriber if confusion, sedation, hypotension occur
- To avoid driving, other hazardous activity if drowsiness occurs
- To avoid alcohol, other CNS depressants
- To take with water; avoid fruit juices as they may decrease effectiveness

TREATMENT OF OVERDOSE:

Lavage, diazepam, vasopressors, IV phenytoin

fidaxomicin

(fye-dax'oh-mye'sin)

Diclid

Func. class.: Antiinfective-macrolide

ACTION: Bactericidal against *Clostridium difficile*; is a fermentation

product obtained from *Dactylosporangium aurantiacum*; inhibits RNA synthesis by inhibiting transcription of bacterial RNA polymerases; may act at the early stages of transcription

USES: Pseudomembranous colitis, *Clostridium difficile*—associated diarrhea

CONTRAINDICATIONS: Hypersensitivity

Precautions: Pregnancy, breastfeeding, children

DOSAGE AND ROUTES

- **Adult:** PO 200 mg bid × 10 days

Available forms: Tab 200 mg

Administer:

- Without regard to food
- Store at room temperature

SIDE EFFECTS

GI: Nausea, vomiting, abdominal pain, **GI bleeding**, intestinal obstruction

HEMA: Anemia, **neutropenia**

INTEG: Rash, pruritus

META: **Metabolic acidosis**, hyperglycemia

PHARMACOKINETICS

Half-life 12 hr, onset <1 hr, peak 1-5 hr, excreted in feces 92%, minimal absorption, substrate of PGP efflux transporter

INTERACTIONS

Drug/Lab Test

Increase: glucose, LFTs, alk phos

Decrease: sodium bicarbonate, platelets

NURSING CONSIDERATIONS

Assess:

- **Pseudomembranous colitis:** for diarrhea, abdominal pain, fever, fatigue, anorexia, anemia, elevated WBC and low serum albumin; product may be used in place of vancomycin (PO); monitor CBC with differential and stool culture (*Clostridium difficile*), not to be used for systemic infection; obtain C&S before use; monitor glucose (diabetic patients); monitor fluid, electrolyte depletion

- **Hypersensitivity:** rash, pruritus; angioedema (rare)