

• Skin eruptions after administration of penicillin to 1 wk after discontinuing product; identify allergies before using

• Respiratory status: rate, character, wheezing, tightness in chest

• **Anaphylaxis:** rash, itching, dyspnea, facial swelling; stop product, notify prescriber, have emergency equipment available

**Evaluate:**

• Therapeutic response: absence of fever, draining wounds, resolution of infection

**Teach patient/family:**

• To take oral ampicillin on empty stomach with full glass of water; to use alternate contraception

• All aspects of product therapy: to complete entire course of medication to ensure organism death (10-14 days); that culture may be taken after completed course of medication

• To report sore throat, fever, fatigue, diarrhea (may indicate superinfection); to report rash, other signs of allergy

• That product must be taken in equal intervals around the clock to maintain blood levels

• To wear or carry emergency ID if allergic to penicillins

• **CDAD:** diarrhea with blood or pus; notify prescriber

• **Pregnancy/breastfeeding:** Identify if pregnancy is planned or suspected or if breastfeeding; to use additional contraception if using oral contraception, effect may be decreased

**TREATMENT OF ANAPHYLAXIS:** Withdraw product, maintain airway; administer EPINEPHrine, aminophylline, O<sub>2</sub>, IV corticosteroids

**ampicillin, sulbactam (Rx)**

Unasyn

*Func. class.:* Antiinfective—broad-spectrum

*Chem. class.:* Aminopenicillin with  $\beta$ -lactamase inhibitor

**ACTION:** Interferes with cell wall replication of susceptible organisms; the cell wall, rendered osmotically unstable, swells, bursts from osmotic pressure; lysis due to cell wall autolytic enzymes; combination extends spectrum of activity by  $\beta$ -lactamase inhibition

**USES:** Skin infections, intraabdominal infections, cellulitis, diabetic foot ulcer, nosocomial pneumonia, gynecologic infections; *Acinetobacter* sp., *Actinomyces* sp., *Bacillus anthracis*, *Bacteroides* sp., *Bifidobacterium* sp., *Bordetella pertussis*, *Borrelia burgdorferi*, *Brucella* sp., *Clostridium* sp., *Corynebacterium diphtheriae/xerosis*, *Eikenella corrodens*, *Enterococcus faecalis*, *Erysipelothrix rhusiopathiae*, *Escherichia coli*, *Eubacterium* sp., *Fusobacterium* sp., *Gardnerella vaginalis*, *Haemophilus influenzae (beta-lactamase negative/positive)*, *Helicobacter pylori*, *Klebsiella* sp., *Lactobacillus* sp., *Leptospira* sp., *Listeria monocytogenes*, *Moraxella catarrhalis*, *Morganella morganii*, *Neisseria gonorrhoeae*, *Pasteurella multocida*, *Peptococcus* sp., *Peptostreptococcus* sp., *Porphyromonas* sp., *Prevotella* sp., *Propionibacterium* sp., *Proteus mirabilis*, *Proteus vulgaris*, *Providencia rettgeri*, *Providencia stuartii*, *Salmonella* sp., *Shigella* sp., *Staphylococcus aureus (MSSA)/epidermidis/saprophyticus*, *Streptococcus agalactiae/dysgalactiae/pneumoniae/pyogenes*, *Treponema pallidum*, viridans streptococci

**CONTRAINDICATIONS:** Hypersensitivity to penicillins, sulbactam

**Precautions:** Pregnancy, breastfeeding, neonates, hypersensitivity to cephalosporins/carbapenems, renal disease, mononucleosis, viral infections, syphilis

**DOSAGE AND ROUTES**

• **Adult/adolescent/child  $\geq 40$  kg:** IM/IV 1.5-3 g q6hr, max 4 g/day sulbactam

• **Child  $\leq 40$  kg:** IV 150-300 mg/kg/day divided q6hr