even though product does not cause hypoglycemia, if patient is on sulfonylureas or insulin, hypoglycemia may be additive; if hypoglycemia occurs, treat with dextrose or IV glucagon, monitor HbA1c, lipid panel, blood glucose, BUN, creatinine; if renal function is decreased, discontinue

- **Renal function:** baseline and periodically; discontinue if renal function is reduced; monitor for signs of infection (urinary infections)
- **Hypersensitivity:** discontinue immediately
- **Hypotension:** monitor volume status, B/P, usually in those with eGFR <60 mL/min/1.73m^2; more frequent in those with poor renal function

Evaluate:

- Therapeutic response: improved signs/symptoms of diabetes mellitus (decreased polyuria, polydipsia, polyphagia); clear sensorium, absence of dizziness, stable gait; HbA1c WNL

Teach patient/family:

- The symptoms of hypoglycemia/hyperglycemia and what to do about each
- That medication must be taken as prescribed; explain consequences of discontinuing abruptly, that insulin may be needed in times of stress, trauma, surgery, fever
- To report immediately fever, itching, change in urine output, light-headedness, or feeling faint
- To avoid OTC medications and herbal supplements unless approved by health provider
- That diabetes is a lifelong illness; that the diet and exercise regimen must be followed; that this product is not a cure
- To carry emergency ID and glucose source
- That blood glucose monitoring and periodic lab tests are required to assess product effect
- That there is a risk of renal impairment, dehydration, and bladder cancer
- To use adequate fluids to decrease hypotension
- **Ketoacidosis:** to report immediately confusion, abdominal pain, fatigue, trouble breathing

DAPTOmycin (Rx)

(dap'toe-mye-sin)

Cubicin Cubicin RF

Func. class.: Antiinfective—miscellaneous

Chem. class.: Lipopeptides

D

ACTION: A new class of antiinfective; it binds to the bacterial membrane and results in a rapid depolarization of the membrane potential, thereby leading to inhibition of DNA, RNA, and protein synthesis

USES: Bacteremia, endocarditis, UTI, complicated skin, skin-structure infections caused by *Staphylococcus aureus* (MRSA, MSSA) including methicillin-resistant strains, *Streptococcus agalactiae, Streptococcus dysgalactiae, Enterococcus faecalis* (vancomycin-susceptible strains), *Streptococcus pyogenes* (group A beta hemolytic), *Staphylococcus aureus, Staphylococcus epidermidis, Corynebacterium jeikeium, Staphylococcus haemolyticus*

CONTRAINDICATIONS: Hypersensitivity

Precautions: Pregnancy, breastfeeding, children, geriatric patients, GI/renal disease, myopathy, ulcerative/pseudomembranous colitis, rhabdomyolysis, eosinophilic pneumonia

DOSAGE AND ROUTES

Complicated skin and skin structure infections

- **Adult: IV INFUSION** 4 mg/kg over ½ hr diluted in 0.9% NaCl, give q24hr × 7-14 days; some indications may use up to 6 mg/kg
- **Adolescent/child/infant ≥5 mo (unlabeled): IV** 4-6 mg/kg/day

***Staphylococcus aureus* bacteremia, right-sided infective endocarditis**

- **Adult: IV INFUSION** 6 mg/kg daily × 2-6 wk, up to 8-10 mg/kg daily; treatment failures should use another agent
- **Child 12-17 yr: IV INFUSION** 5 mg/kg/dose q24hr for up to 14 days
- **Child 7-11 yr: IV INFUSION** 7 mg/kg/dose q24hr up to 14 days