

**Decrease:** absorption of cefdinir—iron  
**Drug/Food**

**Decrease:** absorption—iron-rich cereal, infant formula

**Drug/Lab Test**

**Increase:** ALT, AST, alk phos, LDH, bilirubin, BUN, creatinine

**False increase:** creatinine (serum urine), urinary 17-KS

**False positive:** urinary protein, direct Coombs' test, urine glucose

**Interference:** cross-matching

**NURSING CONSIDERATIONS**

**Assess:**

- **Infection:** characteristics of wounds, sputum, urine, stool, WBC >10,000/mm<sup>3</sup>, fever; obtain baseline and periodically during treatment

- Cross-sensitivity to penicillin, other cephalosporins; hypersensitivity reaction may occur

- Obtain C&S prior to treatment, may start treatment before results are received

- Blood studies: AST, ALT, CBC, Hct, bilirubin, LDH, alk phos, Coombs' test monthly if patient is on long-term therapy

- Electrolytes: potassium, sodium, chloride monthly if patient is on long-term therapy

- **CDAD:** bowel pattern daily; if severe diarrhea occurs, product should be discontinued

- IV site for extravasation, phlebitis

- **Anaphylaxis:** rash, urticaria, pruritus, chills, fever, joint pain, angioedema; may occur a few days after therapy begins

- **Serious skin disorders:** Rash, blisters; toxic epidermal necrolysis, Stevens-Johnson syndrome may occur

- **Overgrowth of infection:** perineal itching, fever, malaise, redness, pain, swelling, drainage, rash, diarrhea, change in cough, sputum

**Evaluate:**

- Therapeutic response: decreased symptoms of infection; negative C&S

**Teach patient/family:**

- If diabetic, to check blood glucose

- To report sore throat, bruising, bleeding, joint pain, may indicate **blood dyscrasias (rare)**; diarrhea with mucus, blood, may indicate **CDAD**

- To complete full course of treatment, to take missed dose as soon as remembered unless close to next dose, do not double dose; to use calibrated device for suspension

**TREATMENT OF ANAPHYLAXIS:** EPINEPHRINE, antihistamines; resuscitate if needed

**⚠ HIGH ALERT**

**ceritinib (Rx)**

(cerr-ah-tin'ib)

Zykadia

*Func. class.:* Antineoplastic—miscellaneous

*Chem. class.:* Protein-tyrosine kinase inhibitor

**ACTION:** A tyrosine kinase inhibitor targeting ~~the~~ anaplastic lymphoma kinase (ALK); also targets insulin-like growth factor 1 (IGF-1) receptor, insulin receptor (InsR), ROS1

**USES:** ~~the~~ Anaplastic lymphoma kinase (ALK)—positive metastatic non-small-cell lung cancer (NSCLC) in patients who have progressed on or are intolerant to crizotinib

**CONTRAINDICATIONS:** Pregnancy, hypersensitivity, QT prolongation

**Precautions:** Breastfeeding, children, geriatric patients, cardiac/hepatic disease, GI bleeding, bone marrow suppression, infection, diarrhea, hyperglycemia, diabetes mellitus, nausea/vomiting, pancreatitis, pneumonitis, QT prolongation, torsades de pointes, bradycardia, cardiac arrhythmias, electrolyte imbalances, corticosteroid therapy

**DOSAGE AND ROUTES**

- **Adult:** **PO** 450 mg daily on an empty stomach until disease progression or unacceptable toxicity. Decrease dose by 1/3, round to nearest 150 mg strong 3A4 inhibitors or inducers