

**Cephalosporins—5th Generation**

**CEFTAROLINE (Teflaro)** Community-acquired pneumonia, skin infections. Adults: 600 mg IV q 12 h. Treat pneumonia for 5 to 7 days, skin infections for 5 to 14 days. Peds: Age 2 mo to less than 2 yo: 8 mg/kg IV q 8 h. Age 2 yo and older: 12 mg/kg IV q 8 h for wt 33 kg or less; 400 mg IV q 8 h or 600 mg IV q 12 h for wt greater than 33 kg. Treat peds for 5 to 14 days. Infuse over 5 to 60 min. ▶K ☉ ♀B ▶+ \$\$\$\$\$

**Glycopeptides**

*NOTE: Rapid IV infusion of glycopeptide antibiotics can cause Red Man syndrome, a pseudo-allergic reaction with upper body erythema, flushing, pruritus, and urticaria; slow or hold the infusion if it occurs.*

**DALBAVANCIN (Dalvance)** Gram-positive skin infections, including MRSA. Adults: Single dose of 1500 mg or 2-dose regimen of 1000 mg followed 1 week later by 500 mg. Infuse IV over 30 min. ▶K ☉ ♀?/?/? ▶? \$\$\$\$\$

**ORITAVANCIN (Orbactiv)** Gram-positive skin infections including MRSA. Adults: 1200 mg IV single dose infused over 3 h. Can falsely increase aPTT for up to 120 h; do not give IV heparin for 120 h after oritavancin dose. Can falsely increase INR for 12 h after oritavancin dose; monitor warfarin-treated patients for bleeding. ▶K, Feces ♀C ▶? \$\$\$\$\$

**TELAVANCIN (Vibativ)** Complicated skin infections including MRSA, hospital-acquired/ventilator-associated *S. aureus* pneumonia (not 1st-line), adults: 10 mg/kg IV once daily for 7 to 14 days (skin infections) or 7 to 21 days (pneumonia). Infuse over 1 h. May be teratogenic; get serum pregnancy test before use in women of childbearing potential. Nephrotoxic; monitor renal function. Not for CrCl ≤50 mL/min unless potential benefit exceeds risk. ▶K ☉ ♀C ▶? \$\$\$\$\$ ■

**VANCOMYCIN (Firvanq, Vancocin)** Usual adult dose: 15 to 20 mg/kg IV q 8 to 12 h; consider loading dose of 25 to 30 mg/kg for severe infection. Infuse over 1 h; infuse over 1.5 to 2 h if dose greater than 1 g. Peds: 10 to 15 mg/kg IV q 6 h. *C. difficile* diarrhea. Peds: 40 mg/kg/day PO (max 2 g/day) divided four times per day for 7 to 10 days. Adults, initial episode: 125 mg PO four times per day for 10 days. Dose depends on severity and complications; see table for management of *C. difficile* infection. IV route is ineffective for this indication. [Generic/Trade: Caps 125, 250 mg. Trade (Firvanq): Oral soln 25, 50 mg/mL.] ▶K ☉ ♀0/0/0 ▶+ \$\$\$\$\$

**Macrolides**

**AZITHROMYCIN (Zithromax, Zmax)** Usual dose: 10 mg/kg (up to 500 mg) PO on day 1, then 5 mg/kg (up to 250 mg) daily for 4 days. Usual IV dose for adults: 500 mg IV once daily. FDA-approved for peds acute otitis media and sinusitis, but poor option due to pneumococcal and *H. influenzae* resistance; see otitis media and sinusitis treatment tables for alternatives. Group A streptococcal pharyngitis (2nd-line to penicillin): 12 mg/kg (up to 500 mg) PO daily for 5 days.

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