

Cefepime:

Class: Antibiotic.

Indications:

Treatment of uncomplicated and complicated urinary tract infections, including pyelonephritis caused by *Escherichia coli*, *Klebsiella pneumoniae*, or *Proteus mirabilis*; monotherapy for febrile neutropenia; uncomplicated skin and skin structure infections caused by *Streptococcus pyogenes* or methicillin-susceptible staphylococci; moderate-to-severe pneumonia caused by *Streptococcus pneumoniae*, *Pseudomonas aeruginosa*, *Klebsiella pneumoniae*, or *Enterobacter* species; complicated intra-abdominal infections (in combination with metronidazole) caused by *E. coli*, *P. aeruginosa*, *K. pneumoniae*, *Enterobacter* species, or *Bacteroides fragilis* against methicillin-susceptible staphylococci, *Enterobacter* sp, and many other gram-negative bacilli

Available dosage form in the hospital: 1GM VIAL, 500MG VIAL.

Trade Names:

Dosage:

Brain abscess, postneurosurgical prevention (unlabeled use): I.V.: 2 g every 8 hours with vancomycin (Tunkel, 2004)

Febrile neutropenia, monotherapy: I.V.: 2 g every 8 hours for 7 days or until the neutropenia resolves

Intra-abdominal infections, complicated, severe (in combination with metronidazole): I.V.: 2 g every 12 hours for 7-10 days. **Note:** 2010 IDSA guidelines recommend 2 g every 8-12 hours for 4-7 days (provided source controlled). Not recommended for hospital-acquired intra-abdominal infections (IAI) associated with multidrug-resistant gram negative organisms or in mild-to-moderate community-acquired IAIs due to risk of toxicity and the development of resistant organisms (Solomkin, [IDSA] 2010).

Pneumonia: I.V.:

Nosocomial (HAP/VAP): 1-2 g every 8-12 hours; **Note:** Duration of therapy may vary considerably (7-21 days); usually longer courses are required if *Pseudomonas*. In absence of *Pseudomonas*, and if appropriate empiric treatment used and patient responsive, it may be clinically appropriate to reduce duration of therapy to 7-10 days (American Thoracic Society Guidelines, 2005).

Community-acquired (including pseudomonal): 1-2 g every 12 hours for 10 days

Prosthetic joint infection, *Enterobacter spp* or *Pseudomonas aeruginosa* (unlabeled use): I.V.: 2 g every 12 hours for 4-6 weeks; **Note:** When treating *P. aeruginosa*, consider addition of an aminoglycoside (Osmon, 2013)

Skin and skin structure, uncomplicated: I.V.: 2 g every 12 hours for 10 days

Urinary tract infections, complicated and uncomplicated:

Mild-to-moderate: I.M., I.V.: 0.5-1 g every 12 hours for 7-10 days

Severe: I.V.: 2 g every 12 hours for 10 days

Dosing: Renal Impairment:

Creatinine Clearance (mL/minute)	Recommended Maintenance Schedule			
>60 (normal recommended dosing schedule)	500 mg every 12 hours	1 g every 12 hours	2 g every 12 hours	2 g every 8 hours
30-60	500 mg every 24 hours	1 g every 24 hours	2 g every 24 hours	2 g every 12 hours
11-29	500 mg every 24 hours	500 mg every 24 hours	1 g every 24 hours	2 g every 24 hours
<11	250 mg every 24 hours	250 mg every 24 hours	500 mg every 24 hours	1 g every 24 hours

Common side effect: Positive Coombs' test without hemolysis ,Fever ,headache , Rash, pruritus , Hypophosphatemia , Diarrhea ,nausea vomiting ,

Pregnancy Risk Factor: B