

Cefoxitin:

Class: Antibiotic

Indications:

Less active against staphylococci and streptococci than first generation cephalosporins, but active against anaerobes including *Bacteroides fragilis*; active against gram-negative enteric bacilli including *E. coli*, *Klebsiella*, and *Proteus*; used predominantly for respiratory tract, skin, bone and joint, urinary tract and gynecologic infections as well as septicemia; surgical prophylaxis; intra-abdominal infections and other mixed infections; indicated for bacterial *Eikenella corrodens* infections

Available dosage form in the hospital: 1GM VIAL

Trade Names:

Dosage:

- Susceptible infections: I.M., I.V.: 1-2 g every 6-8 hours (I.M. injection is painful); up to 12 g/day
- Amnionitis and endomyometritis: I.M., I.V.: 2 g every 6-8 hours
- Aspiration pneumonia, empyema, orbital cellulitis, parapharyngeal space, and human bites: I.M., I.V.: 2 g every 8 hours
- Intra-abdominal infection, complicated, community acquired, mild-to-moderate: I.V.: 2 g every 6 hours for 4-7 days (provided source controlled)
- Liver abscess: I.V.: 1 g every 4 hours
- Mycobacterium species, not MTB or MAI: I.V.: 12 g/day with amikacin
- Pelvic inflammatory disease:
 - Inpatients:* I.V.: 2 g every 6 hours **plus** doxycycline 100 mg I.V. or 100 mg orally every 12 hours until improved, followed by doxycycline 100 mg orally twice daily to complete 14 days
 - Outpatients:* I.M.: 2 g **plus** probenecid 1 g orally as a single dose, followed by doxycycline 100 mg orally twice daily for 14 days
- Perioperative prophylaxis: I.M., I.V.: 1-2 g 30-60 minutes prior to surgery (may repeat in 2-5 hours intraoperatively) followed by 1-2 g every 6-8 hours for no more than 24 hours after surgery depending on the procedure

Renal Impairment :

-I.M., I.V.:

-Cl_{cr} 30-50 mL/minute: Administer 1-2 g every 8-12 hours

-Cl_{cr} 10-29 mL/minute: Administer 1-2 g every 12-24 hours

-Cl_{cr} 5-9 mL/minute: Administer 0.5-1 g every 12-24 hours

-Cl_{cr} <5 mL/minute: Administer 0.5-1 g every 24-48 hours

-Hemodialysis: Moderately dialyzable (20% to 50%); administer a loading dose of 1-2 g after each hemodialysis; maintenance dose as noted above based on Cl_{cr}

-Continuous arteriovenous or venovenous hemodiafiltration effects: Dose as for Cl_{cr} 10-50 mL/minute

Common side effect: Diarrhea, dyspnea, eosinophilia, , exfoliative dermatitis, vomiting

Pregnancy Risk Factor: B