Clindamycin:

Class: Antibiotic.

Indications:

Treatment of susceptible bacterial infections, mainly those caused by anaerobes, streptococci, pneumococci, and staphylococci; pelvic inflammatory disease (I.V.)

Available dosage form in the hospital: 1MG/5 ML LOTION, 150MG CAP, 300MG AMP.

Trade Names:

Dosage:

-Usual dose:

-Oral: 150-450 mg/dose every 6-8 hours; maximum dose: 1800 mg daily

-I.M., I.V.: 1.2-2.7 g/day in 2-4 divided doses; maximum dose: 4800 mg daily

-Amnionitis: I.V.: 450-900 mg every 8 hours

-Anthrax (unlabeled dose):

-Oral: 150-300 mg every 6 hours. **Note:** For inhalational anthrax, combine with penicillin (WHO, 2008).

-I.V.:

-*Nonspecified disease:* 600-900 mg every 6-8 hours. **Note:** For inhalational anthrax, combine with penicillin G (WHO, 2008)

-*Alternative regimens:*

-Inhalational, gastrointestinal, or complicated cutaneous disease with systemic involvement: 600 mg every 8 hours in combination with ciprofloxacin or doxycycline (Hicks, 2012)

-Injectional: 600 mg every 8 hours in combination with ciprofloxacin and other antibiotics (eg, a 5-drug combination) (Hicks, 2012)

-Babesiosis (unlabeled use):

-Oral: 600 mg 3 times daily for 7-10 days with quinine (Wormser, 2006; Vannier, 2012)

-I.V.: 300-600 mg every 6 hours for 7-10 days with quinine (Wormser, 2006, Vannier, 2012)

Note: Relapsing infection may require at least 6 weeks of therapy (Vannier, 2012)

-Bacterial vaginosis (unlabeled use): *Oral:* 300 mg twice daily for 7 days (CDC, 2010)

-Bite wounds (canine): Oral: 300 mg 4 times daily with a fluoroquinolone

-Cellulitis due to MRSA (unlabeled use): Oral: 300-450 mg 3 times daily for 5-10 days (Liu, 2011)

-Complicated skin/soft tissue infection due to MRSA (unlabeled use): I.V., Oral: 600 mg 3 times daily for 7-14 days (Liu, 2011)

-Gangrenous pyomyositis: I.V.: 900 mg every 8 hours with penicillin G

-Group B streptococcus (neonatal prophylaxis) (unlabeled use): I.V.: 900 mg every 8 hours until delivery (CDC, 2010)

-Malaria, severe (unlabeled use): I.V.: Load: 10 mg/kg followed by 15 mg/kg/day divided every 8 hours *plus* I.V. quinidine gluconate; switch to oral therapy (clindamycin *plus* quinine) when able for total clindamycin treatment duration of 7 days (Note: Quinine duration is region specific, consult CDC for current recommendations) (CDC, 2009)

-Malaria, uncomplicated treatment (unlabeled use): Oral: 20 mg/kg/day divided every 8 hours for 7 days *plus* quinine (CDC, 2009)

-Orofacial/parapharyngeal space infections:

-Oral: 150-450 mg every 6 hours for at least 7 days; maximum dose: 1800 mg daily

-I.V.: 600-900 mg every 8 hours

-Osteomyelitis due to MRSA (unlabeled use): I.V., Oral: 600 mg 3 times daily for a minimum of 8 weeks (some experts combine with rifampin) (Liu, 2011)

-Pelvic inflammatory disease: I.V.: 900 mg every 8 hours with gentamicin (conventional or single daily dosing); 24 hours after clinical improvement may convert to oral doxycycline 100 mg twice daily **or**clindamycin 450 mg 4 times daily to complete 14 days of total therapy. Avoid doxycycline if tubo-ovarian abscess is present (CDC, 2010).

-Pharyngitis, group A streptococci (IDSA recommendations): Oral:

-*Acute treatment in penicillin-allergic patients:* 21 mg/kg/day divided every 8 hours (maximum: 300 mg per dose) for 10 days (Shulman, 2012)

-*Chronic carrier treatment:* 20-30 mg/kg/day divided every 8 hours (maximum: 300 mg per dose) for 10 days (Shulman, 2012)

-*Pneumocystis jirovecii* pneumonia (unlabeled use):

-I.V.: 600-900 mg every 6-8 hours with primaquine for 21 days (CDC, 2009)

-Oral: 300-450 mg every 6-8 hours with primaquine for 21 days (CDC, 2009)

-Pneumonia due to MRSA (unlabeled use): I.V., Oral: 600 mg 3 times daily for 7-21 days (Liu, 2011)

-Prophylaxis against infective endocarditis (unlabeled use):

-Oral: 600 mg 30-60 minutes before procedure with no follow-up dose needed (Wilson, 2007)

-I.M., I.V.: 600 mg 30-60 minutes before procedure. Intramuscular injections should be avoided in patients who are receiving anticoagulant therapy. In these circumstances, orally administered regimens should be given whenever possible. Intravenously administered antibiotics should be used for patients who are unable to tolerate or absorb oral medications (Wilson, 2007).

Note: American Heart Association (AHA) guidelines now recommend prophylaxis only in patients undergoing invasive procedures and in whom underlying cardiac conditions may predispose to a higher risk of adverse outcomes should infection occur. As of April 2007, routine prophylaxis for GI/GU procedures is no longer recommended by the AHA.

-Prophylaxis in total joint replacement patients undergoing dental procedures which produce bacteremia (unlabeled use):

-Oral: 600 mg 1 hour prior to procedure (ADA, 2003)

-I.V.: 600 mg 1 hour prior to procedure (for patients unable to take oral medication) (ADA, 2003)

-Prosthetic joint infection:

-*Chronic antimicrobial suppression, Staphylococci (oxacillin-susceptible) (alternative to cephalexin or cefadroxil) (unlabeled use):* Oral: 300 mg every 6 hours (Osmon, 2013)

-*Propionibacterium acnes, treatment (alternative to penicillin G or ceftriaxone):*

-Oral: 300-450 mg every 6 hours for 4-6 weeks (Osmon, 2013)

-I.V.: 600-900 mg every 8 hours for 4-6 weeks (Osmon, 2013)

-Septic arthritis due to MRSA (unlabeled use): I.V., Oral: 600 mg 3 times daily for 3-4 weeks (Liu, 2011)

-Toxic shock syndrome: I.V.: 900 mg every 8 hours with penicillin G or ceftriaxone

-Toxoplasmosis (HIV-exposed/positive; secondary prevention [unlabeled use]): Oral: 600 mg every 8 hours (with pyrimethamine and leucovorin calcium) (CDC, 2009)

Renal Impairment :

-No dosage adjustment required in renal impairment.

-Poorly dialyzed; no supplemental dose or dosage adjustment necessary, including patients on intermittent hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (eg, CVVHD).

Common side effect: pruritus, rash, urticarial, Abdominal pain, diarrhea, esophagitis

nausea, pseudomembranous colitis, vomiting, Agranulocytosis, eosinophilia (transient), neutropenia (transient), thrombocytopenia.

Pregnancy Risk Factor: B