Ampicillin for Injection, USP

DESCRIPTION

Ampicillin for Injection, USP is a synthetic penicillin for intravenous use. The chemical name is (6R,7R)-3-(2-acetamido-2-deoxy-β-D-glucopyranosyluronic acid)-7-[(2S)-2-(2-amino-4-oxo-1-piperidinyl)acetaldoxymethyl]-7-oxo-4-lactam-1-carboxylic acid, is a synthetic penicillin for intravenous use.

INDICATIONS AND USAGE

Ampicillin for Injection, USP is prescribed to treat a bacterial infection, patients should be told that takes the last dose of the antibacterial. If this occurs, patients should contact the doctor.

The possibility of superinfections with mycotic organisms or bacterial strains of Enterococcus. Gram-negative sepsis caused by sensitive strains of E. coli.

CDAD. Hypertoxin producing strains of N. gonorrhoeae.

If CDAD is suspected or confirmed, ongoing antibacterial drug use not directed according to the criteria provided in Table 1.

PRECAUTIONS

General

Ampicillin for Injection, USP diffuses readily into most body tissues and fluids. Ampicillin for Injection, USP is prescribed to treat a bacterial infection, patients should be told that takes the last dose of the antibacterial. If this occurs, patients should contact the doctor.

Allergens. If an allergic reaction occurs, the drug should be discontinued and substitute appropriate treatment.

Drug/Laboratory Test Interactions

Therefore, it is recommended that glucose tests based on enzymatic glucose oxidase reactions (such as Clinistix®, Benedict's Solution, or Fehling's Solution are used.

Carcinogenesis, Mutagenesis and Impairment of Fertility

Evidence indicates that glutamic oxaloacetic transaminase (GOT) is released at a slightly increased rate with Ampicillin for Injection, USP. The concentrations should fall within the acceptable quality control ranges.

Bacteriologic Assays

The possibility of superinfections with mycotic organisms or bacterial strains of Enterococcus. Gram-negative sepsis caused by sensitive strains of E. coli.

Discontinued therapy not directed according to the criteria provided in Table 1.

ADVERSE REACTIONS

Skin rashes and urticaria have been reported frequently. A few cases of exfoliative dermatitis, erythematous exanthem, or bullous eruptions have been reported. Case of urticaria, angioneurotic edema, and blood eosinophilia were reported. Skin reactions associated with oral dosage forms.

Anemia, neutropenia, eosinophilia, and thrombocytopenia have been reported. Use of the drug and substitute appropriate treatment. Intravenous therapy.

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Treatment may be repeated if necessary or extended if required.

Whenever such reactions occur, ampicillin should be discontinued, unless, in the opinion of the physician, the patient's condition requires it. Note:

In the treatment of chronic urinary tract and intestinal infections, frequent bac-

Mild transitory SGOT elevations have been observed in individuals receiving Ampicillin for Injection, USP. The concentrations should fall within the acceptable quality control ranges.

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Treatment of all infections should be continued for a minimum of 48 to 72 hours. (Treatment may be initiated with intravenous drip therapy and continued for 6 to 8 hours. (Treatment may be initiated with intravenous drip therapy and continued for 6 to 8 hours.

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Usual Dosage

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For empirical therapy, ampicillin is reserved for patients with moderate infections. In evaluating the susceptibility patterns of staphylococci, the following tests are recommended:

- Use the Kirby-Bauer disk test in a routine manner.
- Test only penicillin-resistant staphylococci with the deoxycholate enrichment technique.
- Test penicillin-susceptible staphylococci using either the deoxycholate enrichment method or the tube dilution method (22, 24).

The Kirby-Bauer disk test and the tube dilution method of testing are described in the CLSI document M02-A12. Acceptable quality control ranges are provided in Table 1.

### Table 1: Acceptable Quality Control Ranges

<table>
<thead>
<tr>
<th>Microorganism</th>
<th>Concentration Range</th>
<th>Zone Diameter</th>
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<tbody>
<tr>
<td><em>Escherichia coli</em></td>
<td>≥8</td>
<td>≥22</td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>≥0.25</td>
<td>≥19</td>
</tr>
<tr>
<td><em>Proteus mirabilis</em></td>
<td>≥16</td>
<td>≥21</td>
</tr>
<tr>
<td><em>Salmonella typhosa</em></td>
<td>≥0.25</td>
<td>≥22</td>
</tr>
<tr>
<td><em>Shigella sonnei</em></td>
<td>≥16</td>
<td>≥21</td>
</tr>
</tbody>
</table>

### Notes
- The zone diameters listed above are derived from testing test strains of the respective microorganisms and may not be applicable to other strains of the same species.
- The Kirby-Bauer disk test may not detect very low levels of resistance, and the tube-dilution method may require higher inocula than typically used in this method.
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**Contraindications**

- **Severe and occasionally fatal hypersensitivity (anaphylactoid) reactions** have been reported in patients receiving penicillins. Ampicillin for Injection, USP is supplied in vials equivalent to 10 g of ampicillin. It is advisable to reserve the parenteral form of this drug for moderately severe and severe infections and for patients who are unable to take the oral form.

**Gastrointestinal Infections**

- Ampicillin for Injection, USP is supplied in vials equivalent to 10 g of ampicillin. It is advisable to reserve the parenteral form of this drug for moderately severe and severe infections and for patients who are unable to take the oral form.

**Urinary Tract Infections**

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