Reconstituted stock solution must be transferred and administered following each dialysis session to hemodialyzed patients.

1.3 Female Pelvic Infections

1.4 Community-acquired Pneumonia

2 DOSAGE AND ADMINISTRATION

2.1 Initial Treatment

2.2 Maintenance Treatment

1 INDICATIONS AND USAGE

• Initial presumptive treatment of patients with nosocomial pneumonia should start with Piperacillin and Tazobactam.

• The usual daily dose of Piperacillin and Tazobactam for injection is 100 mg piperacillin/12.5 mg tazobactam per kilogram of body weight, administered every eight hours.

• For children with appendicitis and/or peritonitis 9 months of age or older, the dose should be 40 to 80 mg piperacillin/5 to 10 mg tazobactam per kilogram of body weight, administered every six hours.

• Piperacillin and Tazobactam for injection is not compatible with aminoglycosides and their use should be discontinued if aminoglycoside therapy is to be started.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of piperacillin and tazobactam for injection, it is particularly important to use this combination according to the established guidelines.

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The individual members of this group were randomly assigned to one of 16 treatment arms, including a control arm. All patients received open-label, blinded-endpoint trials of a drug that can be directly compared to rates in the prophylactic setting. Patients with a history of allergic reactions to any of the penicillins should receive appropriate therapy.

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Rapidly administered temperature 2°C to 8°C (36°F to 46°F).

Pharmacy bulk bottles can be used in ambulatory intravenous therapy and concentrations of piperacillin and tazobactam can be read and recorded.

Stability studies in the I.V. bags have demonstrated chemical and physical compatibility with sodium chloride injection, dextrose injection, and phosphate-buffered dextrose injection. Piperacillin and tazobactam for injection contains no preservatives. Approaches in the I.V. bags that can be used in ambulatory intravenous therapy include:

- Dextrose Injection, 5% in Water
- Sodium Chloride Injection
- Phosphate-Buffered Dextrose Injection

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Pharmacology (12.3)

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Dosage and Administration (12.3)

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Additional Experience with piperacillin

Piperacillin and tazobactam for injection is a monosodium penicillanic acid sulfone. Its chemical name is 7-oxo-4-thia-1-azabicyclo[3.2.0]heptane-2-carboxylate. It is a □-lactam/beta-lactamase inhibitor combination antibiotic. Piperacillin/tazobactam is active against many bacteria, including beta-lactamase-producing strains. Treatment should be supportive and symptomatic according to the response of the infection. Clinical efficacy in patients with impaired renal function has been demonstrated. Abnormalities have also been reported with the usual recommended dosages.

Dosage and Administration

Elderly patients are more likely to have decreased renal function and are more likely to be receiving other drugs that might impair renal function or interfere with its metabolism. Dosage adjustments for piperacillin and tazobactam are recommended for patients with impaired renal function.

Renal impairment

Dosage adjustment for piperacillin according to the population mean (SE) for piperacillin distribution volume is 1.4 L/kg, and for tazobactam, 0.9 L/kg. The effect of trace on piperacillin and tazobactam was evaluated in healthy male volunteers. No difference in piperacillin mean concentration was noted following single 0.25 g doses of piperacillin with and without tazobactam. The pharmacodynamic parameter for piperacillin/tazobactam is similar to those attained when equivalent doses of piperacillin/tazobactam are administered.

Microbiology

Salmonella enterica

Enterobacter aerogenes

Pseudomonas aeruginosa

Staphylococcus aureus

Quality Control

A primary reason for conducting antimicrobial susceptibility testing is to determine if an antimicrobial drug regimen is likely to be effective for the treatment of a specific infection. This information can be used to guide initial therapy and help to avoid unnecessary use of antimicrobial drugs that are less likely to be effective.

Range

4 – 16

MIC values should be determined using serial dilutions of inhibitory concentrations of the test compound. MICs should be determined using a standardized inoculum concentration. This is accomplished using standardized broth microdilution methods. MIC values should be determined using an agar dilution method. This is accomplished using standardized broth microdilution methods. MIC values should be determined using a standardized inoculum concentration. This is accomplished using standardized broth microdilution methods. MIC values should be determined using an agar dilution method.

Dosage recommendations for patients undergoing hemodialysis in aquatic environments (2)

Piperacillin is metabolized to a minor microbiologically active metabolite. Piperacillin is metabolized to a minor microbiologically active metabolite.

Pharmacokinetics

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