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## Doxycycline hyclate 100mg dosage instructions

Doxycycline comes as a capsule, delayed release capsule, tablet, delayed release tablet, and suspension (fluid) to take by mouth. Doxycycline is usually taken once or twice a day. Drink a full glass of water with each dose. If your stomach gets upset when you take doxycycline, you can take it with food or milk. However, taking doxycycline with milk or food can decrease the amount of medication absorbed from your stomach. Talk to your doctor or pharmacist about the best way to take doxycycline. Follow the instructions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you don't understand. Take doxycycline exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor. Swallow the delayed release tablets (Doryx; generic drugs) whole, carefully break up the tablet and sprinkle the contents of the tablet on a spoonful of cold or room temperature (not hot) applesauce. Be careful not to crush or damage any of the pills while breaking up the tablet. Eat the mixture immediately and swallow without chewing. If the mixture cannot be eaten immediately, discard it. Shake the suspension well before each use to mix the medicine every day you are in the area and for 4 weeks after leaving the area. You should not take doxycycline for the prevention of malaria for more than 4 months. Continue to take doxycycline even if you are feeling good. Take all the medicine until you are done, unless your doctor tells you otherwise. One doxycycline product may not be able to be replaced by another. Make sure you only get the type of doxycycline prescribed by your doctor. Ask your pharmacist if you have been given. During a public health crisis, you may need to prepare emergency doses of doxycycline for children and adults who cannot swallow pills. This booklet shows you how to mix doxycycline hyklat 100 mg tablets with food or drink. Follow the instructions below to prepare and give your child the right amount of medication every 12 years. Use the same instructions for adults who cannot swallow pills. A. Get the supplies you need You need these items to make doses of doxycycline for children and adults who can't swallow pills: 1 doxycycline hyklat tablet (100 mg) 1 metal teaspoon 1 oral syringe or medication spoon (if available) 2 small bowls small amount of drinking water (4 teaspoon or 20 ml) 1 of these foods or drinks to make it doxycycline tastes better\*: milk including breast milk and breast milk for infants chocolate pudding apple juice mixed with 2 to 4 teaspoons of sugar \* Doxycycline works just as well whether you take it with or without food or milk. Find your child's weight on the chart below. Weight is better, but if you don't know how much your child weighs, find your child's age on the map. Follow the range of your child's weight or age over to the column Amount of Doxycycline & mixture for measure. Measure the amount of doxycycline and water mixture to your child's weight or age from the first bowl. For a half (1/2) teaspoon dose, fill the teaspoon halfway or use an oral syringe (if available). It's better to give a little more of the medicine than not enough. Put this amount in the second bowl. This is a dose that should be mixed with food or drink. For children weighing 76 pounds or more and adults who cannot swallow pills, use all the doxycycline and water mixture in the first bowl (4 teaspoons); the entire contents of the first bowl (4 teaspoons); the entire contents of the first bowl (4 teaspoons); the entire contents of the first bowl (4 teaspoons). Amount of Doxycycline & Easpoons (10 m (10 mL) 51 to 75 pounds 6 to 8 years 3 teaspoons (15 ml) 76 pounds or more (Adult Dose) 9 years or older 4 teaspoons (20 ml) Mix dose (measured amount of doxycycline and water mixture) in the second bowl with 3 teaspoons of one of the following: Milk, including breast milk and formula for infants Chocolate milk Chocolate pudding or Apple juice mixed with 2 to 4 teaspoons of sugar You now have a dose, mixed with food or drink. Stir well before giving it to your child Give your child all the doxycycline, water and food mixture from the other bowl. Make sure your child swallows it all. This is a dose. Do this once every 12 hours (once in the morning and once a night) every day, as long as instructed Throw it away if your child weighs 51 pounds or more (or is 6 years or older). You do NOT have enough left over to make a new dose. Keep it if your child weighs 50 pounds or less (or is 5 years or younger). You will have enough to miss to do another dose. Store doxycycline and the water mixture in a covered bowl or cup at room temperature (between 68-77°F or 20-25°C) for up to 24 hours. Type the date, time, and container contents on a label. Store the mixture in a safe place, out of reach of children or pets. Discard any unused mixture after 24 hours and make a new doxycycline and water mixture for the next dose. Do not take doxycycline if you are allergic to an ingredient in doxycycline can cause diarrhea, skin reaction to the sun, loss of appetite, nausea and vomiting. See Anthrax Emergency: How to take Doxycycline to prevent anthrax instructions for more information about possible side effects. Report any reaction to doxycycline to the MedWatchexternal icon or 1-800-FDA-1088. Note: Doxycycline EUI clamping instructions (originally issued 28-03-2016; revised 08-18-2017) Medically reviewed by Drugs.com. Last Updated May 18, 2015 12:49 PM ED Applies to the following strengths: hyklat 100 mg; hyklat 50 mg; 100 mg; Whereas 25 mg/5 ml 50 mg/5 ml monohydrate 150 mg 20 mg monohydrate 50 mg and the following strengths: hyklat 100 mg; hyklat 50 mg; 100 mg; Whereas 25 mg/5 ml 50 mg/5 ml monohydrate 150 mg 20 mg monohydrate 50 mg and the following strengths: hyklat 100 mg; hyklat 50 mg; 100 mg; Whereas 25 mg/5 ml 50 mg/5 ml monohydrate 150 mg 20 mg monohydrate 50 mg and the following strengths: hyklat 100 mg; hyklat 50 mg; 100 mg; Whereas 25 mg/5 ml 50 mg/5 ml monohydrate 150 mg 20 mg monohydrate 50 mg and the following strengths: hyklat 100 mg; hyklat 50 mg; 100 mg; Whereas 25 mg/5 ml 50 mg/5 ml monohydrate 150 mg 20 mg monohydrate 50 mg and the following strengths: hyklat 100 mg; hyklat 50 mg; 100 mg; Whereas 25 mg/5 ml 50 mg/5 ml monohydrate 150 mg 20 mg monohydrate 50 mg 20 mg 20 mg monohydrate 50 mg 20 mg mg monohydrate 75 mg monohydrate 100 mg hyklat 75 mg; 40 mg; hyklat 150 mg; hyklat 200 mg; 200 mg monohydrate 150 mg capsule with soap; 100 mg with vitamins and minerals; hyklat 100 mg capsule with soap; hyklat 50 mg capsule with soap; 120 mg hyklat 50 mg capsule with soap and ocular lubricant Usual adult dose for: Usual pediatric dose for: Additional dosage information: IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 oral mgt on the first day, given in 2 divided doses (100 mg every 12 hours) - Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours --- More serious infections): 100 mg orally every 12. PC: - Initial dose: 240 mg orally on the first day, given in 2 shared doses (120 mg every 12 mg every 12 hours). 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infections agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment of infections due to the following bacteria, bacteriological tests show appropriate susceptibility to this substance: coli; Enterobacter aerogenes; Shigella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infection due to Fusobacterium fusiforme; actinomycosis due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for Actinomycosis IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day given in 2 divided doses (100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally every 12.: -Initial dose: 240 mg orally on the first day of given in 2 shared doses (120 mg every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli; Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Klebsiella species. Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Klebsiella species. of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for Amebiasis IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally on the first day, given in 2 shared doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally once a day orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli; Enterobacter aerogenes; Shigella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infection due to Fusobacterium fusiforme; actinomycosis due to Actinomycosis due to Actinomycosis due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for Chancroid IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 shared doses (100 mg orally every 12 hours) -Maintenance dose: 100 mg orally every 12 hours --- severe infections chronic urinalary urinalary infections): 100 mg orally every 12 months orally in 2 divided doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours --- More serious infections): 120 mg orally every 12 doses of 20 mg can be given at 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli; Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infection due to Fusobacterium fusiforme; actinomycosis due to Actinomycosis due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for inclusion Conjunctivitis IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally every 12.: -Initial dose: 240 mg orally on the first day of given in 2 shared doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If you are using a monohydrate formulation, the first oral can be given in 2 or 4 shared doses (100 mg every 12 hours or 50 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli: Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory tract infections due to H-influenza or Klebsiella species when penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infection due to Fusobacterium fusiforme; actinomycosis due to Actinomyces israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for Mycoplasma Pneumonia IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally every 12.PC: -Initial dose: 240 mg orally on the first day, given in 2 shared doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellosis due to bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli; Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to H-influenza or

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Klebsiella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to
Listeria monocytogenes; Vincent's infection due to Fusobacterium fusiforme; actinomycosis due to Actinomycosis due to Actinomycosis due to Fusobacterium fusiforme; actinomycosis due to Fusiforme; actinomyco
day, given in 1 or 2 infusions - Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: - Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) - Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours --- More serious infections (especially
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treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci: chancroid because of Haemophilus ducrevi: relapsing fever due to Borrelia recurrent; Campylobacter fetal infections:
bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this
substance: Escherichia coli; Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to species -When penicillin is contraindicated, as an
alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Fusobacterium fusiforme; actinomycosis due to Actinomyces israelii; infections due to Clostridium species -As complementary
treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for Trachoma IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg or ally on the first day, given in 2 divided doses (100 mg every 12).
hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections): 100 mg orally on the first day of given in 2 shared doses (120 mg every 12 hours) -Maintenance dose: 120 mg
orally once a day orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg orally every 12 th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg
every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci;
chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment
of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli: Enterobacter aerogenes: Acinetobacter species: respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to
Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infection due to
Fusobacterium fusiforme; actinomycosis due to Actinomycosis due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for upper respiratory infection IV: -Initial dose: 200 mg IV on the first day, given in 1 2 infusions -
Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day given in 2 divided doses (100 mg orally once a day OR 50 mg orally every 12 hours --- More serious infections (especially chronic urinary tract
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should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella bacilliformis; trachoma or
inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment of infections due to this substance: Escherichia coli; Enterobacter aerogenes; Shigella
species; Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species.
infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infections due to Actinomyces israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis;
severe acne Usual adult dose for bacterial infection IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg every 12 hours) -Maintenance dose: 100 mg every 12 hours) -Maintenance dose: 100 mg every 12 hours -Maintenance 
mg orally once a day OR 50 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally once a
day or 60 mg every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg orally every 12 hours Comments: -IV maintenance dose depends on the severity of the infection; dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral
dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the
following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis;
respiratory infections due to Mycoplasma pneumoniae -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli: Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to
H-influenza or Klebsiella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue;
listeriosis due to Listeria monocytogenes; Vincent's infection due to Fusobacterium fusiforme; actinomycosis due to Actinomycosis due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for urinary tract infection IV: -Initial
dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours --- More
serious infections (especially chronic urinary tract infections): 100 mg orally every 12.PC: -Initial dose: 240 mg oral on the first day, given in 2 shared doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections (especially chronic urinary
tract infections): 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune
fluorescence). -When used in streptococ duration of treatment should be 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Borrelia recurrent; Campylobacter fetal infections;
bartonellse because of Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this
substance: Escherichia coli; Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is
contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Fusobacterium fusiforme; actinomycosis due to Actinomycosis due to Clostridium
species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for bronchitis IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2
divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections): 100 mg orally every 12.PC: -Initial dose: 240 mg orally on the first day, given in 2 shared doses (120 mg every 12.PC).
hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared
doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infections agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis
(ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to
Mycoplasma pneumoniae -To treat infections due to the following bacteria when bacteriological shows appropriate susceptibility to this substance: Escherichia coli; Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper
respiratory tract infections due to Streptococcus pneumoniae; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes;
Vincent's infection due to Fusobacterium fusiforme; actinomycosis due to Actinomyces israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for psittacosis IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2
infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours --- More serious infections (especially chronic urinary tract
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200 mg can be given at 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for
streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of
Bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli;
Enterobacter aerogenes; Shigella species; Acinetobacter species; respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Klebsiella species. When penicillin is contraindicated, as an alternative means
of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; infection due to Fusobacterium fusiforme; actinomycosis due to Actinomyces israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal
amebiasis; severe acne Usual adult dose for ornithosis IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg every 12 hours) -Maintenance dose:
100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally every 12 hours) -Maintenance dose: 120 mg orally once a day orally orall
every 12 hours --- More serious infections (especially chronic urinary tract infections): 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -
Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal infections, treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid
because of Haemophilus ducrevi: relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonella bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment of
infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli; Enterobacter aerogenes; Shigella species upper respiratory tract infections due to
                    neumoniae: urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to Treponema pallidum subspecies pertenue; listeriosis due to Listeria monocytogenes; Vincent's infection due to
Fusobacterium fusiforme; actinomycosis due to Actinomycosis due to Actinomycosis due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne Usual adult dose for Bartonellosis IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose:
100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg orally every 12 hours) -Maintenance dose: 100 mg orally each hours ---More serious infections (especially chronic urinary tract infections): 100 mg orally every 12
days. given in 2 divided doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours --- More serious infections): 120 mg orally every 12.: -IV maintenance dose depends on the severity of the infection. dose of 200 mg can
be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate infectious agents (assessed by immune fluorescence). -When the treatment is used for streptococcal
infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydophila psittaci; chancroid because of Haemophilus ducreyi; relapsing fever due to Borrelia recurrent; Campylobacter fetal infections; bartonellse because of Bartonella
bacilliformis; trachoma or inclusion conjunctivitis due to Chlamydia trachomatis; respiratory infections due to Mycoplasma pneumoniae -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: Escherichia coli; Enterobacter
aerogenes: Shigella species: Acinetobacter species: respiratory infections due to H-influenza or Klebsiella species upper respiratory tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating
the following infections: Yaws due to Treponema pallidum subspecies pertenue: listeriosis due to Listeria monocytogenes: Vincent's infection due to Actinomyces israelii: infections due to Clostridium species -As complementary treatment for: Acute intestinal
amebiasis; severe acne Usual adult dose for Acne Rosacea 40 mg orally once a day in the morning Comments: -The 40 mg capsule formulation-This product should be taken on an empty stomach, preferably at least 1 hour before or 2 hours after meals. -No meaningful effect shown for generalized
erythema of rosacea. -Safety and efficacy have not been demonstrated after 9 months and 16 weeks respectively. -This product has not been evaluated for the treatment of erythematous, telangiectatic or ocular components of rosacea. Use: For the treatment of only inflammatory lesions (papules and
pustules) of rosacea Usual adult dose for inhalation Bacillus anthracis Most products: 100 mg orally or IV twice a day -Alternatively, Doryx(R) MPC is recommended: 120 mg orally twice daily treatment Duration Of treatment Duration: 60 days Comments: -Parental therapy is recommended only when oral
treatment is not indicated should not be continued over a long period of time. -Oral treatment should be started as soon as possible. -Treatment plus oral treatment, Use: For the treatment of anthrax due to Bacillus anthracis (including inhalation anthrax
[postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis US CDC Recommendations: -IV: 2 2 100 mg IV every 12 hours -Oral: 100 mg orally every 12 hours Duration of treatment: Post-exposure prophylaxis for B anthracis
infection: 60 days Systemic anthrax: -When meningitis is excluded: At least 2 weeks or until the patient is clinically stable (whichever is longer) -Patients exposed to aerosolized spores will require prophylaxis to complete an antimicrobial regimen of 60 days from disease onset. Cutaneous anthrax without
systemic involvement: -Bioterrorism-related cases: 60 days -Naturally acquired cases: 7 to 10 days Comments: -Recommended as a preferred oral drug for post-exposure prosphylaxis and for the treatment of cutaneous anthrax without systemic involvement -Recommended as an alternative IV protein
synthesis inhibitor for systemic anthrax, when meningitis is excluded -Recommended for all strains (regardless of penicillin sensitivity unknown) when used for postexposure prophylaxis or cutaneous anthrax without systemic involvement -Systemic anthrax includes anthrax meningitis
inhaled contract fire, injection anthrax, gastrointestinal anthrax and cutaneous anthrax with systemic involvement, extensive edema or lesions in the head or neck. -The current guidelines should be consulted for further information. Usual adult dose for cutaneous bacillus anthracis Most products: 100 mg
orally or IV twice a day -Alternatively Doryx(R) MPC: 120 mg orally twice a day Duration of treatment: 60 days Comments: -Parental treatment is not indicated and should not be continued over a longer period of time. -Oral treatment should be started as soon as
possible. -Treatment duration of 60 days includes parental treatment plus oral treatment, Use: For the treatment of anthrax due to Bacillus anthraxis (including inhalation anthrax function of 60 days includes parental treatment of anthrax due to Bacillus anthraxis (including inhalation anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of anthrax function of 60 days includes parental treatment of 60 days includ
Recommendations: -IV: 2 2 100 mg IV initially thereafter 100 mg IV every 12 hours -Oral: 100 mg orally every 12 hours -Oral: 100 mg IV every 12 hours -Oral: 100 mg orally every 12 hours -Oral: 100 mg IV every -Oral: 100 mg IV eve
stable (whichever is longer) -Patients exposed to aerosolised spores will require prophylaxis to antimicrobial regimen of 60 days from onset of the disease. Cutaneous anthrax without systemic involvement: -Bioterrorism-related cases: cases: days -Naturally acquired cases: 7 to 10 days Comments:
Recommended as a preferred oral drug for post-exposure prosphylaxis and for the treatment of cutaneous anthrax without systemic involvement -Recommended as an alternative IV protein synthesis inhibitor for systemic anthrax, when meningitis has been ruled -Recommended for all strains (regardless
of penicillins susceptibility, or whose sensitivity unknown) when used for post-exposure prophylaxis or cutaneous anthrax includes anthrax meningitis, inhaled, injection anthrax, gastrointestinal anthrax and cutaneous anthrax with systemic involvement.
extensive edema or lesions in the head or neck. -The current guidelines should be consulted for further information. Usual adult dose for Anthrax Prophylaxis Most products: 100 mg orally or IV twice a day -Alternatively Doryx(R) MPC: 120 mg orally twice a day Duration of treatment: 60 days Comments:
Parental treatment is recommended only when oral treatment is not indicated and should not be continued over a long period of time. -Oral treatment duration of 60 days includes parental treatment plus oral treatment. Use: For the treatment of anthrax
due to Bacillus anthracis (including inhalational anthrax [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis US CDC Recommendations: -IV: 200 mg IV original 100 mg IV every 12 hours -Oral: 100 mg orally every 12 hours Duration of treatment:
Post-exposure prophylaxis for B anthracis infection: 60 days Systemic anthrax: -When meningitis has been ruled out: At least 2 weeks or until the patient is clinically stable (whichever is longer) -Patients exposed to aerosolized spores will require prophylaxis to complete an antimicrobial regimen of 60
days from disease onset. Cutaneous anthrax without systemic involvement: -Bioterrorism-related cases: 60 days -Naturally acquired case: 7 to 10 days Commented as a preferred oral drug for post-exposure prosphylaxis and for the treatment of cutaneous anthrax without systemic
involvement -Recommended as an alternative IV protein synthesis inhibitor for systemic anthrax, when meningitis is excluded -Recommended for all strains (regardless of penicillin sensitivity or whose sensitivity unknown) when used for post-exposure prophylaxis or cutaneous anthrax without systemic
involvement -Systemic anthrax includes anthrax meningitis, inhaling anthrax, injecting anthrax, gastrointestinal anthrax and cutaneous anthrax or lesions in the head or neck. -The current guidelines should be consulted for further information. Usual adult dose
for brucellosis IV: dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 mg orally once daily OR 50 mg orally on the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once daily OR 50 mg orally
every 12 hours ---More serious infections: 100 mg orally every 12. given in 2 divided doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally every 12 hours ---More serious infections: 120 mg orally every 12 months of 200 mg can be given at 1 or 2 infusions. -If monohydrate
formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -At the same time as streptomycin is recommended. -According to some experts, this drug should be used with rifampin for at least 6 to 8 weeks; the current guidelines should be
consulted for further information. Use: For the treatment of brucellosis due to Brucella species Usual adult dose for cholera IV: -First day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day given
in 2 divided doses (100 mg every 12 hours) - Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours --- More seri
once a day orally every 12 hours --- More serious infections: 120 mg orally every 12 hours, dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Use: For the treatment of
cholera due to Vibrio Humeracline Infectious Diseases Society of America (IDSA) and Pan American Health Organization (PAHO) Recommended for the treatment of infectious diarrhea due to V cholerae O1 or O139 -Current guidelines should be
consulted for further information. Usual adult dose for chlamydia infection Uncomplicated urethral, endocervical or rectal infection: -Most products: 100 mg orally twice a day ---Alternative, Doryx(R) MPC: 120 mg orally twice a day Alternative regimen for uncomplicated urinhral or endocervical infection: -
Tablets with delayed release: 200 mg orally once daily Duration of therapy: 7 days Comments: -These regimens (100 mg orally once a day) have been recommended by the U.S. CDC for the treatment of chlamydiale infections; the current guidelines should be consulted for
further information. -The patient's or sexual partners should also evaluated/processed. Uses: For the treatment of uncomplicated urinary, endocervical or rectal infections due to C trachomatis Usual adult dose for epididymitis - sexually transmitted most products: 100 mg orally twice a day -Alternatively.
Doryx(R) MPC: 120 mg orally twice a day Duration of treatment: At least 10 days of use: For the treatment of acute epididymo-orchitis due to C trachomatis or Neisseria gonorrhoeae US CDC Recommendations: 1 mg orally twice a day for 10 days Comments: -With ceftriaxone, the recommended regimen
for acute epididymitis should probably be evaluated/treated due to sexually transmitted chlamydia and gonorrhea -The patients' sexual partner(s) should also be evaluated/treated. -The current guidelines should be consulted for further information. Usual adult dose for gonococcal infection -
Uncomplicated Most products: 100 mg orally twice a day -Alternatively, Doryx(R) MPC: 120 mg orally twice a day Duration of treatment: 7 days Supplementing single visit dose: -Most products: 300 mg orally initially followed for 1 hour with another 300 mg dose ---Alternative, Doryx(R) MPC: 360 mg orally
initially followed for 1 hour by another 360 mg dose Comments: -Not recommended for anorexic infections in men. Use: For the treatment of uncomplicated gonorrhea due to N gonorée US CDC Recommendations: 100 mg orally twice a day for 7 days Comments: -With ceftriaxone (or cefixime),
recommended for uncomplicated infections of the cervix, the urethra or rectum as an alternative to other antimicrobials for patients or patients should also be evaluated/treated. -The current guidelines should be consulted for further information.
Usual adult dose for Granuloma Inquinale IV: -First dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 mg orally on the first day given in 200 mg 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg
orally once a day OR 50 mg orally every 12 hours --- More serious infections: 100 mg orally every 12.240 mg orally every 12 hours) - Maintenance dose: 120 mg orally once a day orally every 12 hours --- More serious infections: 120 mg orally every 12 hours
Comments: -IV maintenance dose depends on the severity of infection. dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Use: For the treatment of granulom inquinale
due to Klebsiella granulomatis US CDC Recommendations: 100 mg orally twice a day Duration of treatment: At least 3 weeks, and all lesions have completely healed Comments: -Recommended as an alternative regimen -Another antibiotic (e.g. an aminoglycoside such as added if no improvement is
observed after several days. -The patient's or sexual partners should also be evaluated/treated. -The current guidelines should be consulted for further information. Usual adult dose for lymphoma Venereum IV: -First dose: 200 mg IV on first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200
mg/day IV ORAL: Most products: -Initial dose: 200 mg orally on the first day given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 hours ---More serious infections: 100 mg orally every 12.240 mg orally on the first day, given in 2 shared
doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections: 120 mg orally every 12 hours comments: -IV maintenance dose depends on the severity of infection. dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate
formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Use: For the treatment of lymphoma venereum due to C trachomatis US CDC Recommendations: 100 mg orally twice a day for 21 days Comments: -Recommended as the preferred
regimen-Patients should be monitored clinically until signs/symptoms have disappeared. -Long-term treatment may be necessary for HIV-infected patients; symptom resolution delay may occur. -The patient's or sexual partners should also be evaluated/treated. -The current guidelines should be consulted
for further information. Usual adult dose for nongonokococial urethritis Most products: 100 mg orally twice a day -Alternatively, Doryx(R) MPC: 120 mg orally twice a day -Duration of treatment: 7 days Comments: -According to the U.S. CDC, this (100 mg orally twice a day) is a recommended regimen for
klamydial urethritis; the current guidelines should be consulted for further information. -The patient's or sexual partners should also be evaluated/treated. Use: For the treatment of nongonococcal urethritis due to C trachomatis or Ureaplasma urealyticum Usual adult dose for malaria prophylaxis Most
products: 100 mg orally once a day -Alternatively, Doryx (R) MPC: 120 mg orally once a day Comments: -Prophylaxis should start 1 to 2 days before the journey to the endemic area; should continue daily while in malarious areas and for 4 weeks after leaving such areas-Prophylaxis with this substance
should not exceed 4 months. Application: For prophylaxis of malaria due to Plasmodium falciparum in short-term travelers (less than 4 months) for areas of chloroquine and/or pyrimethhamine-sulfadoxine resistant strains US CDC Recommendations: 100 mg orally once a day Comments: prophylaxis in all
areas -Not recommended for use during pregnancy. -The current guidelines should be consulted for further information. Usual adult for Malaria US CDC Recommendations: -Uncomplicated Malaria: 100 mg orally twice a day for 7 days -Severe malaria: 100 mg orally or IV twice a day for 7 days
Comments: -With quinine. recommended for uncomplicated malaria due to chloroquine resistant P falciparum -With quinine and primaquine, recommended for uncomplicated malaria due to chloroquine resistant P vivax -With quinine, recommended for severe malaria -Current guidelines should be
consulted for further information. Usual adult dose for periodonitis 20 mg orally twice a day for up to 9 months Comments: -20 mg capsule or tablet formulation -This product should be taken at least 1 hour before or 2 hours after meals. -Safety and efficacy have not been established after 12 months and 9
months respectively. Use: As a supplement for scaling and root planing to promote attachment level gain and to reduce pocket depth in patients with periodontitis Usual adult dose for plaque IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV
ORAL: Most products: -Initial dose: 200 mg orally on the first day, given in 2 divided doses (100 mg orally every 12 hours ---More serious infections: 10 mg orally every 12. : 120 mg orally once a day orally every 12 hours ---More
serious infections: 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Use: For the treatment of plaque due to Yersinia pestis US CDC
Recommendations: 100 mg or iv twice a day or 200 mg orally or IV once a day Treatment duration: 10 to 14 days (or until 2 days after fever subsides) Comments: -Generally recommended as an alternative regimen for the treatment of plaque-IV treatment should be started as soon as suspected plaque;
may switch to oral treatment when the patient improves -Current guidelines should be consulted for further informations; 100 mg orally twice a day for 7 days Comments; -Recommended as a preferred remedy for postexposure
prophylaxis in patients with known exposure to plague (e.g. close contact with pneumon plague patient, direct contact with infected bodily fluids/tissues) - Current guidelines should be consulted for further information. Usual adult dose for rickettsial infection IV: -Initial dose: 200 mg IV on the first day, given
in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: -Initial dose: 200 mg orally every 12 hours) -Maintenance dose: 100 mg orally once daily OR 50 mg orally every 12 hours ---More serious infections: 100 mg orally every 12.
given in 2 divided doses (120 mg every 12 hours) - Maintenance dose: 120 mg orally once a day orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12 hours --- More serious
doses (100 mg every 12 or 50 mg every 6 hours). Uses: For the treatment of rickettsial infections, including Rocky Mountain tainted fever (RMSF), typhoid fever and typhoid fever and typhoid fever, rickettsialpox, and tick fever due to Rickettsia species US CDC Recommendations: 100 mg or IV twice a day
Duration of Therapy: -RMSF, ehrlichiosis: At least 3 days after fever subsides, and until signs of clinical improvement -Anaplasmosis: 10 days Comments: -Recommended as preferred drug for all tickborne rickettsial diseases -Tickborne rickettsial diseases include RMSF due to Rickettsia rickettsia, other
spotted fever group rickitiser due to R parkeri and Rickettsia species 364D, Ehrlichia chaffeensis ehrlichiosis (i.e. human monocytic ehrlichiosis), other ehrlichioses due to E ewingii and E muris-like agent, and anaplasmosis due to Anaplasma phagocytophilum (i.e. human granulocytic anaplasmosis). -The
usual minimum duration of treatment for RMSF and ehrlichiosis is 5 to 7 days (total); serious/complicated illness may require longer treatment for ehrlichiosis is 7 to 14 days. -The current guidelines should be consulted for further information. Usual
adult dose for Q Fever IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 mg orally once a day OR 50
mg orally every 12 hours ---More serious infections: 100 mg orally every 12,240 mg orally every 12 hours) -Maintenance dose: 120 mg orally every 12 hours ---More serious infections: 120 mg orally every 12 hours Comments: -IV
maintenance dose depends on the severity of infection, dose of 200 mg can be given by 1 or 2 infusions, -If monohydrate formulation is used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Uses: For the treatment of rickets infections, including Rocky
Mountain spotted fever (RMSF), typhoid fever and group, Q fever, rickettsialpox, and tick fever due to Rickettsia species US CDC Recommendations: 100 mg orally or IV twice a day Duration of Therapy: -RMSF, ehrlichiosis: At least 3 days after fever subsides and until signs of clinical improvement -
Anaplasmosis: 10 days Comments: -Recommended as preferred drug for all tick-borne rickettsial diseases -Tickborne rickettsia diseases include RMSF due to Rickettsia diseases drug for all tick-borne rickettsial diseases include RMSF due to Rickettsia rickettsia rickettsia diseases and Rickettsia species 364D, Ehrlichia chaffeensis ehrlichiosis (i.e. human
monocytic ehrlichiosis), other ehrlichioses due to E ewingii and E muris-like agent, and anaplasmosis due to Anaplasma phocytophilum (i.e. human granular anasmosis). -The usual minimum duration of treatment for RMSF and ehrlichioses due to E ewingii and E muris-like agent, and anaplasmosis due to Anaplasma phocytophilum (i.e. human granular anasmosis).
require longer treatment. -According to some experts, typical duration of treatment for ehrlichiosis is 7 to 14 days. -The current guidelines should be consulted for further information. Usual adult dose for skin or soft tissue infection Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions
Maintenance dose: 100 to 200 mg/day IV Comments: -Not the preferred drug for any type of staphylococcal infection; dose of 200 mg can be given by 1 or 2 infusions. Use: To treat infections of the skin and soft tissue due to Staphylococcus aureus,
when bacteriological studies show appropriate susceptibility to this drug IDSA Recommendations: 100 mg or IV every 12 hours Comments: -Recommended as oral treatment for skin and soft tissue infections due to methicillin-susceptible and methicillin-resistant S aureus, bacillary angiomatosis, abscle
plague, tularemia, and infections after human bite-Recommended as oral treatment for purulent cellulitis (cellulitis associated with purulent drainage abscess) due to methicillin-resistant S aureus-Med other substances, recommended as part of an IV regimen for necrotis
infections of skin, fascia and muscles due to Aeromonas hydrophila or V vulnificus -Recommended oral or IV treatment for infections after animal bite -Recommended treatment duration for bacillary angiomatosis is 2 weeks to 2 months -Current guidelines should be consulted for further information. Usual
adult dose for syphilis - Early early: -Most products: 100 mg orally twice a day ---Alternative, Doryx(R) MPC: 120 mg orally twice a day Duration: -Most products: 100 mg orally twice a day ---Alternative, Doryx(R) MPC: 120 mg orally twice a day Treatment
duration: 4 weeks For the treatment of primary or secondary syphilis recommends manufacturers: 300 mg/day orally (in divided doses) or IV for at least 10 days Comments: -Penicillin is a medicine for -The patient's or sexual partners should also be evaluated/treated. Use: When penicillin is
contraindicated, as an alternative treatment for syphilis due to T pallidum US CDC Recommendations: -Primary or secondary syphilis: 100 mg orally twice a day for 14 days -Latent syphilis: 100 mg orally twice daily for 28 days Comments: -Recommended for non-pregnant penicillin-allergic patients -
Penicillin-allergic pregnant patients or penicillin allergic patients, compliance cannot be ensured, should be desensitized and treated with benzathine penicillin. -The current guidelines should be consulted for further information. Usual adult dose for syphilis - Latent Early: -Most products: 100 mg orally
twice a day --- Alternative, Doryx(R) MPC: 120 mg orally twice a day Duration of treatment: 2 weeks More than 1 year duration: -Most products: 100 mg orally twice a day Duration of treatment: 4 weeks For the treatment of primary or secondary
syphilis, some manufacturers recommend: 300 mg/day orally (in divided doses) or IV for at least 10 days Comments: -Penicillin is the drug of choice. -The patient's or sexual partners should also be evaluated/treated. Use: When penicillin is contraindicated, as an alternative treatment for syphilis due to T
pallidum US CDC Recommendations: -Primary or secondary syphilis: 100 mg orally twice a day for 14 days -Latent syphilis: 100 mg orally twice daily for 28 days Comments: -Recommended for non-pregnant penicillin-allergic patients -Penicillin-allergic pregnant patients or penicillin allergic patients.
compliance cannot be ensured, should be desensitized and treated with benzathine penicillin. -The current guidelines should be consulted for further information. Usual adult dose for Tularemia IV: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV
ORAL: Most products: -Initial dose: 200 mg orally the first day given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. 240 mg orally on the first day, given in 2 shared doses
(120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections: 120 mg orally every 12 hours formulation is
used, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Application: For the treatment of tularemia due to Francisella tularems Working Group on Civil Biodefense Recommendations: 100 mg or IV twice a day Duration of therapy: -Postexposure
prophylaxis: 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained accident setting: At least 14 days -Treatment in a contained accident setting: At least 14 days -Treatment in a mass accident setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained accident setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting: At least 14 days -Treatment in a contained setting in a contained setting
preferred oral regimen for the treatment of tularemia in a mass accident setting and for post-exposure prophylaxis -If parental treatment when clinically indicated -Current guidelines should be consulted for further information. Usual Adult Dose for
Cervicitis US CDC Recommendations: 100 mg orally twice a day for 7 days Comments: -Recommended regimen for supposed treatment for gonococcal infection should be considered if the patient is at risk or living in a community with a high incidence of gonorrhea. -The patient's
or sexual partners should also be evaluated/treated. -The current guidelines should be consulted for further information. Usual adult dose for common infection IDSA recommendations: 100 mg orally twice a day Comments: -Recommended for chronic oral antimicrobial suppression for prosthetic joint
infection; as a preferred regimen against oxacillin-resistant staphylococcus and as an alternative regime against Propionibacterium species Usual adult dose for lyme disease - Arthritis IDSA Recommendations: 100 mg orally twice a day Duration of treatment duration: -Acrodermatitis chronica atrophy: 21
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days -Heart disease: 100 mg orally twice a day Duration of treatment: -Acrodermatitis chronica atrophic: 21 days -Heart disease: 100 mg orally twice a day Treatment duration: -Acrodermatitis
chronica atrophic: 21 days -Heart disease: 100 mg orally twice a day Treatment duration: -Acrodermatitis chronica atrophic: 21 days -Heart disease: 100 mg orally twice a day Treatment duration: -Acrodermatitis chronica atrophys: 21 days -14 to 21 days -Erythema migrans: 10 to 21 days -Borrel
arthritis: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis associated with erythema migrans when specific neurological manifestations or advanced atrollicular heart block absent, uncomplicated Borgtredroid in patients without clinical evidence of
neurological diseases, patients with atrollicular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophics -A parenteral antibiotic (e.g. ceftriaxone) is recommended as initial treatment for patients hospitalized for cardiac monitoring; an oral regimen can be
used for completion of treatment and for outpatient. -The current guidelines should be consulted for further informations: 100 mg orally twice a day Duration of treatment: -Acrodermatitis chronica atrofish: 21 days -Heart disease: 14 to
21 days -Erythema migran ': 10 to 21 days -Bordegigt: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis associated with erythema migrans when specific neurological manifestations or advanced atrioventricular heart block absent, uncomplicated
Borrelgt arthritis in patients without clinical evidence of neurological disease, patients with cardiac bloke and/or myopericarditis associated with early disease, and acrodermatitis chronica atroromans - A parenteral antibiotic (e.g. ceftriaxone) is recommended as initial treatment for patients hospitalized
for cardiac monitoring; an oral regimen can be used for completion of treatment and for outpatient. -The current guidelines should be consulted for further information. Usual adult dose for Lyme disease - Erythema Chronicum Migrans IDSA Recommendations: 100 mg orally twice a day Duration of
treatment: -Acrodermatitis chronica atroffer: 21 days -Heart disease: 14 to 21 days -Erythe ma migrans: 10 to 21 days -Borrel arthritis: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis associated with erythema migrans when specific neurological
manifestations or advanced atrollicular heart block absent, uncomplicated Borreloid in patients with atrollicular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophics -A parenteral antibiotic
(e.g. ceftriaxone) is recommended as initial treatment for patients hospitalized for cardiac monitoring; an oral regimen can be used for completion of treatment and for outpatient. -The current guidelines should be consulted for further information. Usual Adult Dose for Lyme Disease IDSA
Recommendations: 100 mg orally twice a day Duration of treatment: -Acrodermatitis chronica atrophy: 21 days -Erythema migrans: 10 to 21 days -Borrel arthritis: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis
associated with erythema migrans when specific neurological manifestations or advanced atricular heart block absent, uncomplicated Borreloid in patients without clinical evidence of neurological disease, patients with atrollicular heart block and/or myopericarditis associated with early Lyme disease, and
acrodermatitis chronica atrophics -A parenteral antibiotic (e.g. ceftriaxone) is recommended as initial treatment for patients hospitalized for cardiac monitoring; an oral regimen can be used for completion of treatment and for outpatient. -The current guidelines should be consulted for further information.
Usual adult dose for lyme disease - Neurological IDSA Recommendations: 100 to 200 mg orally twice a day Duration of treatment of the nervous system Lyme disease (including the following
syndromes: meningitis, meningitis, meningitis neurological syndrome with CSF-pleocytosis, peripheral nerve [radiculopathy, diffuse neuropathy, mononeuropathy, mononeuropathy,
manifested by meningitis or or -The current guidelines should be consulted for further information. Usual adult dose for melioidosis US CDC Recommendations: 100 mg orally every 12 hours Duration of treatment: 3 to 6 months Comments: -This oral regimen can be started after 10 to 14 days IV
treatment. -The current guidelines should be consulted for further information. Usual adult dose for pelvic inflammatory disease US CDC Recommendations: 100 mg orally or IV every 12 hours Duration of treatment: 14 days Comments: -With other agents, recommended as part of a parenteral regimen or
as part of an IM/oral regimen; also recommended as part of an alternative parenteral regimen -This drug can be switched from IV to oral administration 24 to 48 hours after clinical improvement to complete 14 days of treatment. -The current guidelines should be consulted for further information. Usual
adult dose for sinusitis IDSA Recommendations: 100 mg orally twice a day orally once a day comments: -Recommended as a second-layer regimen for acute bacterial rhinosinusitis, as initial empirical treatment or for patients with beta-lactamallergy -Current guidelines should be consulted for further
information. Usual Adult Dose for Proctitis US CDC Recommendations: 100 mg orally twice a day for 7 days Comments: -With ceftriaxone, the recommended regimen for sexually acquired acute proctitis-Patient's sexual partner(s) should also be evaluated/treated. -The current guidelines should be
consulted for further information. Usual Adult Dose for Wound Infection US CDC Recommendations: 100 mg orally or IV twice a day for 7 to 14 days Comments: -In combination with a third generation cephalosporin (e.g. ceftazidime), recommended for the treatment of V vulnificus wound infections-
Current guidelines should be consulted for further information. Usual adult dose for Pleural Effusion Some experts recommend: -Sclerosing agent: Mix 500 mg of the powder for injection and 10 ml lidocaine 1% into 50 ml of normal saline and inject in the pleural room. Comments: -Clinical trials have
reported the use of doses from 250 mg to 1 g. Usual paediatric dose for acne IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. RMSF): 2.2 mg/kg IV every 12 hours Patients over 8 years of age with less severe infections: -Initial dose: 4.4 mg/kg IV on the first day, given in 2
infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 100 to
200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with severe or life-threatening: 2.2 mg/kg orally once a day OR 50
mg orally every 12 hours ---More serious infections: 10 mg orally every 12. given in 2 divided doses -Maintenance dose: 2.6 mg/kg orally twice a day At least 45 kg: -Initial dose: 240 mg orally on the first day, given in 100 mg 2 divided doses (120 mg every 12 hours) -
Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections: 120 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every
12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi;
relapsing fever due to B-return; C fetal infections; brucellosis due to Brucella species bartonellosis due to C trachomatis -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this
substance: E coli; E aerogenes; Shigella species; Acinetobacter species; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes;
Vincent's infection due to F fusiforme; actinomycosis due to A israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4
mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious infections. -The current guidelines
should be consulted for further information. Usual paediatric dose for Actinomycosis IV: Less than 45 kg: All patients with serious or life-threatening infections: -Initial dose: 4.4 mg/kg IV on the first day, given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice
daily At least 45 kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day is given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day is given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day is given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day is given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on
the first dav. given in 2 shared doses -Maintenance dose: 2.2 mg/kg orally once a day or 1.1 mg/kg orally once a day OR 50 mg orally every 12 hours
---More serious infections: 100 mg orally every 12 hours Doryx(R) MPC: Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months. given in 2 divided doses -Maintenance dose: 2.6 mg/kg orally once a day or 1.3 mg/kg orally twice a day At least 45 kg: -Initial
dose: 240 mg orally on the first day, given in 2 shared doses (120 mg every 12. hour) -Maintenance dose: 120 mg orally every 12 hours ---More serious infections: 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate
formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following
infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi; relapsing fever due to B-return; C fetal infections; brucellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the
following bacteria, when bacteriological tests show appropriate susceptibility to this substance: E coli; E aerogenes; Shigella species -When penicillin is contraindicated, as an alternative means of treating the following infections:
Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes; Vincent's infection due to F fusiforme; actinomycosis due to A israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe acne American Academy of Pediatrics (AAP)
1 month or older: -Mild to moderate infections: 2 to 4 mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg or iv every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at the dose and duration recommended for the
treatment of serious infections. -The current guidelines should be consulted for further information. Usual paediatric dose for Amebiasis IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily
At least 45 kg: -Initial dose: 200 mg/KG on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: -Initial dose: 4.4 mg/kg orally on the first day, given in 2
divided doses -Maintenance dose: 2.2 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally once a day OR 50 mg orally every 12 hours --- More serious
infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months: 2.6 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 months).
hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections: 120 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100
mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H
ducreyi; relapsing fever due to B-return; C fetal infections; brucellosis due to B bacilliformis; trachoma or inclusion conjunctivitis due to C trachomatis -For the treatment of infections due to the following when bacteriological tests show appropriate susceptibility to this
substance: E coli; E aerogenes; Shigella species; Acinetobacter species; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes;
Vincent's infection due to F fusiforme; actinomycosis due to A israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4
mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious infections. -The current guidelines
should be consulted for further information. Usual paediatric dose for brucellosis IV: Less than 45 kg: -Initial dose: 200 mg IV on the first day,
given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12 days. : -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2.2 mg/kg orally
once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally on the first day given in 2 divided doses (100 mg every 12 hours) -Maintenance dose : 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. Less than 45 kg:
All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally once a day orally
every 12 hours --- More serious infections: 120 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg with monohydrate formulation, the first oral dose may be given in or 4 shared doses (100 mg every 12 hours or 50 mg every 6 hours). -Trachoma does
not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi; relapsing fever due to B-return; C fetal
infections; brucellosis due to Brucella species bartonellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: E coli; E aerogenes; Shigella
           Acinetobacter species; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes; Vincent's infection due to F fusiforme
actinomycosis due to A israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4 mg/kg/day orally or IV in 1 to 2 shared doses -
Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious infections. -The current guidelines should be consulted for further information.
Usual paediatric dose for Chancroid IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. RMSF): 2,2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day, given in 1 or
2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2,2 mg/kg orally once daily or 1.1
mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. R) MPC: Less than 45 kg: All
patients with serious or life-threatening infections: 2,6 mg/kg orally every 12 months. in 2 divided doses -Maintenance dose: 2.6 mg/kg orally twice a day At least 45 kg: -Initial dose: 240 mg orally on the first day is given in 2 divided doses (120 mg every 12 hours) -
Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections: 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or
50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi;
relapsing fever due to B-return; C fetal infections; brucellosis due to Brucella species bartonellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this
substance: E coli; E aerogenes; Shigella species; Acinetobacter species; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes;
Vincent's infection due to F fusiforme; actinomycosis due to A israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4
mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious infections. -The current guidelines
should be consulted for further information. Usual paediatric dose for inclusion Conjunctivitis IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on
the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12: dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2.2 mg/kg orally
once daily orally twice a day At least 45 kg: -Initial dose: 200 mg orally every 12. Less than 45 kg: All patients with serious
or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally twice a day At least 45 kg: -First dose: 240 mg orally every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More
serious infections: 120 mg orally every 12 hours, dose of 200 mg can be given by 1 or 2 infusions, -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours), -Trachoma does not always eliminate the
infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi; relapsing fever due to B-return; C fetal infections; brucellosis due to
Brucella species bartonellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatic -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatic -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatic -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatic -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatic -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatic -For the treatment of infections due to B bacilliformis; trachoma or uptake conjunctivitis due to B bacilliformi
species; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes; Vincent's infection due to F fusiforme; actinomycosis due to A israelii
infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4 mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally
or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious infections. -The current guidelines should be consulted for further information. Usual paediatric dose for Trachoma
IV: Less than 45 kg: patients with serious or life-threatening infections (e.g. RMSF): 2.2 mg/kg IV every 12 months is given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance
dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12 hours Patients over 8 years of age with less serious infections: -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2,2
mg/orally once a day orally: -Initial dose: 200 mg orally on the first day, given in 2 shared doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 hours. ---More serious infections: 100 mg orally every 12 months is given in 2 divided doses -Maintenance
dose: 2.6 mg/kg orally once a day orally once a day orally orally twice a day At least 45 kg: -Initial dose: 24 0 mg orally every 12 hours. dose of 200 mg orally once a day orally every 12 hours --- More serious infections: 120 mg orally every 12 hours. dose of 200 mg orally once a day orally every 12 hours --- More serious infections: 120 mg orally every 12 hours.
mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same
time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi; relapsing fever due to B-return; C fetal infections; brucellosis due to Brucella species bartonellosis due to B bacilliformis; trachoma or
uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: E coli; E aerogenes; Shigella species; Acinetobacter species; urinary tract infections due to Klebsiella species -When
penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to F fusiforme; actinomycosis due to A israelii; due to Clostridium species-As complementary treatment for:
Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4 mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of
tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious or life-threatening
infections (e.g. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg/kg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-
threatening infections: 2.2 mg/kg orally every 12 days.: -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses (100 mg every 12
hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a
day At least 45 kg: -First dose: 240 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least
45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis.
Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi; relapsing fever due to B-return; C fetal infections; brucellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of
infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: E coli; E aerogenes; Acinetobacter species; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the
following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes; Vincent's infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy
of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4 mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at
dose and recommended duration for treatment of serious infections. -The current guidelines should be consulted for further information. Usual paediatric dose for urinary tract infection IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. given in 2 infusions -Maintenance dose:
2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12 days. : -
Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2.2 mg/kg orally once daily or 1.1 mg/kg orally on the first day given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day
OR 50 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours. Less than 45 kg: -First dose: 240 mg orally hours the first day
is given in 2 divided doses (120 mg every 12 hours) - Maintenance dose: 120 mg orally once a day orally every 12 hours --- More serious infection; dose of 200 mg can be given by 1 or 2 infusions. - In patients of at least 45 kg using monohydrate formulation,
the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection:
Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi; relapsing fever due to B-return; C fetal infections; brucellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the following
bacteria, when bacteriological tests show appropriate susceptibility to this substance: E coli; E aerogenes; Shigella species; urinary tract infections due to Klebsiella species - When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to
T pallidum subspecies pertenue; listeriosis due to L monocytogenes; Vincent's infection due to F fusiforme; actinomycosis due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP)
Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4 mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and
recommended duration for treatment of serious infections. -The current guidelines should be consulted for further information. Usual paediatric dose for psittacosis IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once
daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg
orally on the first day, given in 2 divided doses -Maintenance dose: 2.2 mg/kg orally once a day OR 50 mg orally every 12 hours or 1.1 mg/kg orally once a day OR 50 mg orally every 12 hours or 1.1 mg/kg orally every 12 hours or 1.2 mg/kg orally once a day OR 50 mg orally every 12 hours or 1.2 mg/kg or 1
12 hours ---More serious infections: 100 mg orally every 12 hours. infections: 2.6 mg/kg orally every 12 months given in 2 divided doses (120 mg every 12 hours) and the first day is given in 2 divided doses (120 mg every 12 hours).
12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours --- More serious infections: 120 mg orally every 12 hours, dose of 200 mg can be given by 1 or 2 infusions, -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg can be given by 1 or 2 infusions, -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg can be given by 1 or 2 infusions).
mg every 12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H
ducreyi; relapsing fever due to B-return; C fetal infections; brucellosis due to Brucella species bartonellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to
this substance: E coli: E aerogenes: Shigella species: Acinetobacter species: urinary tract infections due to Klebsiella species wrinary tract infections due to L monocytogenes: Unique to L monocytogenes: Uniqu
Vincent's infection due to F fusiforme; actinomycosis due to A israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4
mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious infections. -The current guidelines
should be consulted for further information. Usual paediatric dose for Ornithosis IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day
given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day ORAL IV: Most products: Less than 45 kg: All with serious or life-threatening infections: 2,2 mg/kg orally once a day orally orally twice a day At least 45 kg:
Initial dose: 2 00 mg orally on the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 hours ---More serious infections: 100 mg or every 12. time Doryx(R) MPC: Less than 45 kg: All patients with serious or life-threatening
infections: 2.6 mg/kg orally every 12 months.: -Initial dose: 5.3 mg/kg orally on the first day, given in 2 shared doses -Maintenance dose: 2.6 mg/kg orally orally
Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections: 120 mg orally every 12 hours ---More serious infections: 120 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 hours).
12 or 50 mg every 6 hours). -Trachoma does not always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi;
relapsing fever due to B-return; C fetal infections; brucellosis due to Brucella species bartonellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this
substance: E coli; E aerogenes; Shigella species; Acinetobacter species; urinary tract infections due to Klebsiella species. When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T pallidum subspecies pertenue; listeriosis due to L monocytogenes;
Vincent's infection due to F fusiforme; actinomycosis due to A israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4
mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2 mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth dve in children under 8 years of age is unlikely at dose and recommended to treat Infections. -The current guidelines should be consulted for further
information. Usual paediatric dose for Bartonellosis IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. RMSF): 2,2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2,2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first
day, given in 1 or 2 infusions - Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12 days. : - Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses - Maintenance dose: 2.2 mg/kg orally every 12 days.
once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally every 12 hours. Less than 45 kg: All
patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally once a day orally o
every 12 hours ---More serious infections: 120 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -Trachoma does not
always eliminate the infectious agent (assessed by immunofluorescence). -At the same time as streptomycin is recommended for brucellosis. Uses: -To treat the following infection: Psittacosis (ornithosis) due to C psittaci; chancroid because of H ducreyi; relapsing fever due to B-return; C fetal infections;
brucellosis due to Brucella species bartonellosis due to B bacilliformis; trachoma or uptake conjunctivitis due to C trachomatis -For the treatment of infections due to the following bacteria, when bacteriological tests show appropriate susceptibility to this substance: E coli; E aerogenes; Shigella species;
Acinetobacter species; urinary tract infections due to Klebsiella species -When penicillin is contraindicated, as an alternative means of treating the following infections: Yaws due to T subspecies pertenue listeriosis due to L monocytogenes; Vincent's infection due to F fusiforme; actinomycosis due to A
israelii; infections due to Clostridium species -As complementary treatment for: Acute intestinal amebiasis; severe Acne American Academy of Pediatrics (AAP) Recommendations: 1 month or older: -Mild to moderate infections: 2 to 4 mg/kg/day orally or IV in 1 to 2 shared doses -Serious infections: 2
mg/kg orally or IV every 12 hours Maximum dose: 200 mg/day Comments: -Risk of tooth staining in children under 8 years of age is unlikely at dose and recommended duration for treatment of serious infections. -The current guidelines should be consulted for further information. Usual paediatric dose for
inhalation Bacillus anthracis Less than 45 kg: -Most products: 2.2 mg/kg orally or IV twice a day --- Alternative, Doryx(R) MPC: 2.6 mg/kg orally twice a day --- Alternative, Doryx(R) MPC: 120 mg orally twice daily Treatment duration: 60 days
Comments: -Parental treatment recommended only, when oral treatment is not indicated and should not be continued over a long period of time. -Oral treatment duration of 60 days includes parental treatment plus oral treatment. Use: For the treatment of
anthrax due to B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression are also account to a exposure to aerosolized B anthracis (inhalation root age [postexposure]) to aerosolized B anthracis (inhalation root age [postexposure]) to aerosolized B anthracis (inhalation root age [postexpos
initially thereafter 2,2 mg/kg IV every 12 hours -At least 45 kg: 200 mg IV initially then 100 mg IV every 12.: 2,2 mg/kg orally every 12.: 2,2 mg/kg IV every 12.: 2,2 mg/kg IV every 12 hours -At least 2 to 3 weeks or until the patient is clinically
stable (whichever is longer) -Children 1 month or older: At least 14 days or until the patient is clinically stable (whichever is longer) -Patients will require prophylaxis to complete an antimicrobial regimen of up to 60 days from onset of the disease. Cutaneous anthrax without systemic involvement: -
Bioterrorism-related cases: Completing an antimicrobial regimen of up to 60 days from disease ing -Naturally acquired cases: 7 to 10 days Follow-up after severe anthrax: -Term neonate (younger than 101 month): To complete a regimen of at least 10 to 14 days -Children 1 month or older: To complete a
regimen of at least 14 days -Patients may require prophylaxis to complete an antimicrobial regimen of up to 60 days from disease onset. Comments: for post-sex prophylaxis as a preferred oral medicine in children aged 1 month or more and as an alternative oral medicine for term neonates (younger than
1 month) -Recommended as an alternative oral medicine for the treatment of cutaneous anthrax without systemic involvement -Recommended as an alternative protein synthesis inhibitor for IV treatment of systemic/severe anthrax, when meningitis has been ruled out and for oral follow-up for severe
anthrax -Recommended for all strains (regardless of penicillin sensitivity or whose sensitivity unknown) when used for post-exposure prophylaxis or cutaneous anthrax without systemic involvement -Systemic/severe anthrax includes anthrax meningitis, inhalation anthrax, anthrax injection, gastrointestinal
anthrax and cutaneous anthrax with systemic involvement, extensive edema or lesions in the head or neck. -The current quidelines should be consulted for further information. Usual paediatric dose for cutaneous bacillus anthracis Less than 45 kg: -Most products: 2.2 mg/kg orally or IV twice a day ---
Alternative, Doryx(R) MPC: 2.6 mg/kg orally twice a day At least 45 kg: -Most products: 100 mg orally or IV twice a day ---Altenative, Doryx(R) MPC: 120 mg orally twice daily Treatment duration: 60 days Comments: -Parental treatment recommended only, when oral treatment is not indicated and should
not be continued over a long period of time. -Oral treatment should be started as soon as possible. -Treatment duration of 60 days includes parental treatment of anthrax due to B anthracis (including inhalation root age [postexposure]) to reduce the incidence or
progression of the disease after exposure to aerosolized B anthracis AAP recommendations: Term neon (younger than 1 month): 4,4 mg/kg orally or IV every 12..4 mg/kg IV initially thereafter 2,2 mg/kg IV every 12 hours -At least 45 kg: 200 mg IV initially then 100 mg IV
every 12.: 2.2 mg/kg orally every 12.: 60 days after exposure Systemic/severe anthrax, when meningitis is excluded: -Term neonate (vounger than 1 month): At least 2 to 3 weeks or until the patient is
clinically stable (whichever is longer) -Patients will require prophylaxis to complete an antimicrobial regimen of up to 60 days from disease. Cutaneous anthrax without systemic involvement: -Bioterrorism-related cases: Completing an antimicrobial regimen of up to 60 days from disease onset -
Naturally acquired cases: 7 to 10 days Follow-up for severe anthrax: -Term neonate (younger than 1 month): To complete a at least 10 to 14 days -Patients may require prophylaxis to complete an antimicrobial regimen of up to 60 days
from disease onset. Comments: -Recommended for post-exposure prophylaxis as a preferred oral medicine in children 1 month or older and as an alternative oral medicine for the treatment of cutaneous anthrax
without systemic involvement -Recommended as an alternative protein synthesis inhibitor for IV treatment of systemic/severe anthrax, when meningitis has been ruled out and for oral follow-up for severe anthrax -Recommended for all strains (regardless of penicillin sensitivity or whose sensitivity
unknown) when used for post-exposure prophylaxis or cutaneous anthrax meningitis, inhalation anthrax injection, gastrointestinal anthrax and cutaneous anthrax with systemic involvement, extensive edema or lesions in the
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head or neck. -The current quidelines should be consulted for further information. Usual paediatric dose for Anthrax Prophylaxis Less than 45 kg: -Most products: 2.2 mg/kg orally or IV twice a day ---Alternative, Doryx(R) MPC: 2.6 mg/kg orally twice a day At least 45 kg: -Most products: 100 mg orally or IV twice a day --- Alnative, Doryx(R) MPC: 120 mg orally twice daily Treatment duration: 60 days Comments: -Parental treatment is not indicated and should not be continued over a long period of time. -Oral treatment should be started as soon as possible. -Treatment duration of 60 days includes parental treatment plus oral treatment. Use: For the treatment of anthrax due to B anthracis (including inhalation root age [postexposure]) to reduce the incidence or progression of the disease after exposure to aerosolized B anthracis AAP recommendations: Term neon (younger than 1 month): 4,4 mg/kg orally or IV only then 2,2 mg/kg orally or IV every 12...4 mg/kg IV initially thereafter 2,2 mg/kg IV every 12. : 2,2 mg/kg orally every 12. : 60 days after exposure Systemic/severe anthrax, when meningitis is excluded: -Term neonate (younger than 1 month): At least 2 to 3 weeks or until the patient is clinically stable (whichever is longer) -Patients will require prophylaxis to complete an antimicrobial regimen of up to 60 days from onset of the disease. Cutaneous anthrax without systemic involvement: case: To complete an antimicrobial regimen of up to 60 days from disease onset -Naturally acquired cases: 7 to 10 days Follow-up for severe anthrax: -Term neonate (younger than 1 month): To complete an regimen at least 10 to 14 days -Children 1 month or older: To complete a regimen of at least 14 days -Patients may require prophylaxis to complete an antimicrobial regimen of up to 60 days from disease onset. Comments: -Recommended for post-exposure prophylaxis as a preferred oral medicine in children 1 month or older and as an alternative oral medicine for term neonates (younger than 1 month) -Recommended as an alternative oral medicine for the treatment of cutaneous anthrax without systemic involvement -Recommended as an alternative protein synthesis inhibitor for IV treatment of systemic/severe anthrax, when meningitis has been ruled out and for oral follow-up for severe anthrax -Recommended for all strains (regardless of penicillin sensitivity unknown) when used for post-exposure prophylaxis or cutaneous anthrax without systemic involvement Systemic/severe anthrax includes anthrax meningitis, inhalation anthrax, anthrax injection, gastrointestinal anthrax and cutaneous anthrax meningitis, inhalation anthrax, anthrax injection, gastrointestinal anthrax and cutaneous anthrax includes anthrax meningitis, inhalation anthrax, anthrax injection, gastrointestinal anthrax and cutaneous anthrax meningitis, inhalation anthrax injection, gastrointestinal anthrax and cutaneous anthrax injection anthrax and cutaneous anthrax injection and cutaneous and for Mycoplasma Pneumonia IV: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg IV every 12 hours Patients over 8 years of age with less severe infections: -Initial dose: 4.4 mg/kg IV on first day, given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2,2 mg/kg orally every 12.: -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2,2 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally once a day orally orally twice a day At least 45 kg: -Initial dose: 240 mg orally on the first day, given in 2 divided doses (120 mg every 12 months.) hours) -Maintenance dose: 120 mg orally once day or 60 mg orally every 12 hours ---More serious infections: 120 mg orally every 12th dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg can be given by 1 or 2 infusions.) mg every 12 or 50 mg every 6 hours). -When the treatment is used for streptococcal infections, treatment of respiratory infections due to M pneumoniae -For the treatment of respiratory infections due to H influenzae or Klebsiella species and upper respiratory tract infections due to S pneumoniae, when bacteriological tests show appropriate susceptibility to this drug Pediatric Infectious Diseases Society (PIDS) and IDSA Recommendations: -Older than 7 years: 1 to 2 mg/kg orally twice a day Comments: -Recommended as an alternative to stepdown therapy or mild infection due to M pneumoniae, C trachomatis, or C pneumoniae -Current guidelines should be consulted for further information. Usual paediatric dose for pneumonia IV: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 mg/kg IV kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2,2 mg/kg orally every 12. : -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2,2 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally twice a day At least 45 kg: -Initia mg orally once a day OR 50 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally the first day is given in 2 divided doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally every 12 hours ---More serious infections: 120 mg orally every 12 hours. dose of 200 mg can be given in 1 or 2 -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -When the treatment is used for streptococcal infections, treatment should last 10 days. Applications: -For the treatment of respiratory infections due to M pneumoniae -For the treatment of respiratory infections due to H influenzae or Klebsiella species and upper respiratory tract infections due to S pneumoniae, when bacteriological tests show appropriate susceptibility to this drug Pediatric Infectious Diseases Society (PIDS) and IDSA Recommendations: -Older than 7 years: 1 to 2 mg/kg orally twice a day Comments: -Recommended as an alternative to step-down therapy or mild infection due to M pneumoniae, C trachomatis, or C pneumoniae or further information. Usual paediatric dose for upper respiratory infection IV: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg IV every 12 hours Patients over 8 years of age with less severe infections: -Initial dose: 4.4 mg/kg IV on the first day, given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV
once daily or 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 2 infusio Maintenance dose: 2.2 mg/kg IV once daily or 2 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2,2 mg/kg orally every 12 months. : -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2,2 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours, Less than 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). -When used in streptococcal infections, the duration of must be 10 days. Applications: -For the treatment of respiratory infections due to M pneumoniae -For the treatment of respiratory infections due to H influenzae or Klebsiella species and upper respiratory tract infections due to S pneumoniae, when bacteriological tests show appropriate susceptibility to this drug Pediatric Infectious Diseases Society (PIDS) and IDSA Recommendations: -Older than 7 years: 1 to 2 mg/kg orally twice a day Comments: -Recommended as an alternative to step-down therapy or mild infection due to M pneumoniae, C trachomatis, or C pneumoniae, C trachomatis, or C pneumoniae or further information. Usual paediatric dose for bronchitis IV: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 4.5 kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12.: -Initial dose: 4.4 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 months: 2.6 mg/kg orally every 12 hours ---More serious infections: 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 6 hours). -When the treatment is used for streptococcal infections, treatment should last 10 days. Applications: -For the treatment of respiratory infections due to M pneumoniae -For the treatment of respiratory infections due to H influenzae or Klebsiella species and upper respiratory tract infections due to S pneumoniae, when test shows appropriate susceptibility to this drug Pediatric Infectious Diseases Society (PIDS) and IDSA recommendations: -Older than 7 years: 1 to 2 mg/kg orally twice a day Comments: -Recommended as an alternative to step-down therapy or mild infection due to M pneumoniae, C trachomatis, or C pneumoniae-Current guidelines should be consulted for further information. Usual paediatric dose for Rickettsial Infection IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily At least 45 kg: -Initial dose: 200 mg IV on the first day, given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12 days.: -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2.2 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally on the first day given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours ---More serious infections: 120 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral doses (100 mg every 12 or 50 mg every 6 hours). Uses: For the treatment of rickets infections, including RMSF, typhoid fever and tvphoid group. O fever. rickettsialpox. and tick fever due to Rickettsia-art US CDC and AAP Recommendations: -Less than 45 kg: 2,2 mg/kg orally or IV twice a day Duration of therapy: -RMSF, ehrlichiosis: At least 3 days after fever subsides and until signs of clinical improvement -Anaplasmosis: 10 days Comments: -Recommended as preferred medicine for all tick-borne rickettsial diseases; recommended for at all ages -Tickborne rickettsial diseases include RMSF due to R rickettsii, other spotted fever group rickets due to R parkeri and Rickettsia species 364D, E chaffeensis ehrlichiosis (i.e. human monocytic ehrlichiosis), other ehrlichioses due to E ewingii and E muris-like agent, and anaplasmosis due to Aagocytophilum (i.e. human granoculous anaplasmosis). -The usual minimum duration of treatment for RMSF and ehrlichiosis is 5 to 7 days (total); serious/complicated illness may require longer treatment. -According to some experts, typical duration of treatment for ehrlichiosis is 7 to 14 days. -The current guidelines should be consulted for further information. Usual paediatric dose for Q fever IV: Less than 45 kg: All patients with serious or lifethreatening infections (e.g. RMSF): 2,2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2,2 mg/kg IV once daily or 1.1 mg/kg IV twice daily or 1.1 mg/kg IV once daily or 1.1 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2,2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2,2 mg/kg IV once daily or 1.1 mg/kg IV once daily or 1.1 mg/kg IV once daily or 1.1 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2,2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2,2 mg/kg IV once daily or 1.1 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2,2 mg/kg IV every 12. given in 2 infusions -Maintenance 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12 days.: -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2,2 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) - Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours. Less than 45 kg: All patients with serious or
life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 6 hours). Uses: For the treatment of rockettsial infections, including RMSF, typhoid and typhoid group, Q fever, rickettsialpox, and tick fever due to Rickettsia species US CDC and AAP Recommendations: -Less than 45 kg: 2.2 mg/kg orally or IV twice a day Duration of therapy: -RMSF, ehrlichiosis: At least 3 days after fever subsides and until signs of clinical improvement -Anaplasmosis: 10 days Comments: -Recommended as preferred medicine for all tick-borne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial disea (i.e. human monocytic ehrlichiosis), other ehrlichioses due to E ewingii and E muris-like agent, and anaplasmosis due to Aagocytophilum (i.e. human granoculous anaplasmosis). -The usual minimum duration of treatment for RMSF and ehrlichiosis is 5 to 7 days (total); serious/complicated illness may require longer treatment. -According to some experts, typical duration of treatment for ehrlichiosis is 7 to 14 days. -The current guidelines should be consulted for further information. Usual paediatric dose for cholera IV: Less than 45 kg; All patients with serious or life-threatening infections; 2.2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 mg/kg kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or lifethreatening infections: 2,2 mg/kg orally every 12. : -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses (100 mg every 12. hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using a monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6. Use: For the treatment of cholera due to V cholerae PAHO Recommendations: 2 to 4 mg/kg orally when Comments: -Recommended as alternative means of treating cholera in infants and children -Current guidelines should be consulted for further information. Usual paediatric dose for Granuloma Inguinale IV: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg IV every 12. given in 2 infusions - Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 2 45 kg: -Initial dose: 200 mg IV on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose: 4.4 mg/kg orally on the first day given in 1 or 2 infusions -Maintenance dose dose dose dose dose dose day, given in 2 divided doses -Maintenance dose: 2,2 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours --- More serious infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg oral the first day is given in 2 divided doses (120 mg every 12 hours) -Maintenance dose: 120 mg orally once a day orally every 12 hours --- More serious infections: 120 mg orally every 12 hours, dose of 200 mg can be given by 1 or 2 infusions, -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Uses: -For the treatment of granuloma inquinale due to K granulomatis -For the treatment of lymphocytic vein due to C trachomatis AAP Recommendations: 8 years or older: 100 mg orally twice day Duration of therapy: -Granuloma inquinale: At least 3 weeks, and until all lesions have completely healed -Lymphogranuloma venereum: 21 days Comments: -Recommended as the preferred drug for granulom inquinale; gentamicin can be added if no improvement is observed after several days. -Recommended as preferred treatment for lymph nodes -The patient's sexual partner(s) should also be evaluated/treated. -The current guidelines should be consulted with regard to further Usual paediatric dose for lymphocytic aroma Venereum IV: Less than 45 kg; All patients with serious or life-threatening infections: 2.2 mg/kg IV every 12 hours Patients over 8 years of age with less severe infections: -Initial dose: 4,4 mg/kg IV on the first day given in 2 infusions -Maintenance dose: 2.2 mg/IV daily or 1.1 mg/kg IV twice daily At least 45 kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2,2 mg/kg orally every 12.: -Initial dose: 4.4 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12 months: 2.6 mg/kg orally once daily or 1.3 mg/kg orally twice a day At least 45 kg: -First dose: 240 mg orally every 12 hours. dose of 200 mg can be given by 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Uses: -For the treatment of granuloma inquinale due to K granulomatis -For the treatment
of lymphocytic vein due to C trachomatis AAP Recommendations: 8 years or older: 100 mg orally twice day Duration of therapy: -Granuloma inguinale: At least 3 weeks, and until all lesions have completely healed -Lymphogranuloma venereum: 21 days Comments: -Recommended as the preferred drug for granulom inquinale; gentamicin can be added if no improvement is observed after several days, -Recommended as preferred treatment for lymph nodes -The patient's sexual partner(s) should also be evaluated/treated, -The current guidelines should be consulted for further information. Usual paediatric dose for malaria prophylaxis 8 years or older: Most products: 2 mg/kg orally once a day Maximum dose: 100 mg/dose Doryx(R) MPC: 2.4 mg/kg orally once a day Comments: -Prophylaxis should 1 to 2 days before travel to endemic area; should continue daily while in malarious areas and for 4 weeks after leaving such areas-Prophylaxis with this substance should not exceed 4 months. -According to some manufacturers, patients weighing at least 45 kg should have an adult dose. Use: For prophylaxis of malaria due to P falciparum in short-term travelers (less than 4 months) to areas with chloroquine and/or pyrimethhamine-sulfadoxine resistant strains U.S. CDC Recommendations: 8 years or older: 2.2 mg/kg orally once a day Maximum dose: 100 mg/dose Comments: -Recommended for prophylaxis in all areas -Not recommended for use during pregnancy or in patients under 8 years of age. -The current guidelines should be consulted for further information. Usual Paediatric Dose for Malaria US CDC Recommendations: 8 years or older: Uncomplicated malaria: 2.2 mg/kg orally every 12 hours for 7 days Maximum dose: 100 mg /dose Severe malaria -Less than 45 kg: 2.2 mg/kg oral or IV every 12 hours -At least 45 kg: 100 mg orally or IV twice daily Duration of treatment: 7 days Commended for uncomplicated malaria due to chloroguine resistant P falciparum -With guinine and primaguine, recommended for uncomplicated malaria due to chloroguine resistant P vivax -With guinine, recommended for severe malaria -Current guidelines should be consulted for further information. Usual paediatric dose for plague IV: Less than 45 kg: All patients with serious or life-threatening infections: 2,2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily At least 45 mg/kg IV kg: -Initial dose: 200 mg IV on the first day is given in 1 or 2 infusions -Maintenance dose: 100 to 200 mg/day IV ORAL: Most products: Less than 45 kg: All patients with serious or life-threatening infections: 2,2 mg/kg orally every 12. : -Initial dose: 4.4 mg/kg orally on the first day, given in 2 divided doses -Maintenance dose: 2,2 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg orally twice a day At least 45 kg: -Initial dose (100 mg orally twice a day At least 45 kg: -Initial dose (100 mg orally twice a day At least 45 kg: -Initial dose (100 mg mg orally once a day OR 50 mg orally every 12 hours ---More serious infections: 100 mg orally every 12 hours. Less than 45 kg: -Initial dose: 240 mg orally on the first day, given in 2 divided doses (120 mg every 12 hours) - Maintenance dose: 120 orally every 12 days. ---More serious infections: 120 mg orally every 12th dose of 200 mg can be given at 1 or 2 infusions. -In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Application: For the treatment of plaque due to Y pestis US CDC Recommendations: -Less than 45 kg: 2.2 mg/kg orally or IV twice a day -At least 45 kg: 100 mg orally or IV twice a day or 200 mg orally or IV once a day Duration of treatment: 10 to 14 days (or until 2 days after fever subsides) Comments: -Generally recommended as an alternative regimen for the treatment of plague-IV treatment should be started as soon as plague suspects; may switch to oral treatment when the patient improves -Current guidelines should be consulted for further information. Usual paediatric dose for Plague Prophylaxis US CDC Recommendations: 8 years or older: -Less than 45 kg: 2.2 mg/kg orally twice a day -At least 45 kg: 100 mg orally twice a day Treatment duration: -Recommended as preferred means of posture prophylaxis in patients with known exposure to plague (e.g. close contact with lung plague patient, direct contact with infected bodily fluids/tissues) - Current guidelines should be consulted for further information. Usual paediatric dose for Tularemia IV: Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg IV every 12. given in 2 infusions -Maintenance dose: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily or 1.1 mg/kg IV once daily or 1.1 mg/kg IV twice daily or 1.1 mg/kg IV once daily or 1.1 mg/kg Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg orally every 12.: -Initial dose: 4.4 mg/kg orally once daily or 1.1 mg/kg orally twice a day At least 45 kg: -Initial dose: 200 mg orally the first day is given in 2 divided doses (100 mg every 12 hours) -Maintenance dose: 100 mg orally once a day OR 50 mg orally every 12 hours. Less than 45 kg: All patients with serious or life-threatening infections: 2.6 mg/kg orally every 12.: 2.6 mg/kg orally once daily orally orally day, given in 2 divided doses (120 mg every 12 hours) - Maintenance dose: 120 mg orally every 12 hours --- More serious infections: 120 mg orally every 12th dose of 200 mg can be given at 1 or 2 infusions. - In patients of at least 45 kg using monohydrate formulation, the first oral dose can be given in 2 or 4 shared doses (100 mg every 12 or 50 mg every 6 hours). Application: -For the treatment of tularensis working group on civil biodefense recommendations: -Less than 45 kg: 2.2 mg/kg orally or IV twice a day -At least 45 kg: 100 mg or iv twice a day Duration of treatment: -Post-exposure prophylaxis: 14 days -Treatment in a mass accident setting: 14 to 21 days Comments: -Recommended as an alternative IV regimen for the treatment of tularemia in a limited accident setting and for post-exposure prophylaxis -Recommended as a preferred oral regimen for the treatment of tularemia in mass accidents and for post-exposure prophylaxis -If parental treatment is used in the first place, may switch to oral therapy, when clinically indicated - Current guidelines should be consulted for further information. Usual paediatric dose for skin or soft tissue infection Less than 45 kg: All patients with serious or life-threatening infections: 2.2 mg/kg IV once daily or 1.1 mg/kg IV twice daily at least 45 kg: Initial dose: 200 mg IV on first day, given in 1 or 2 infusions - Maintenance dose: 100 to 200 mg/day IV Comments: - Maintenance dose for patients weighing at least 45 kg, depends on the severity of the infection dose of 200 mg can be given at 1 or 2 infusions. - Not the preferred drug for any type of staphylococcal infection Use: For the treatment of skin and soft tissue infections due to S aureus, bacteriological tests show appropriate susceptibility to this medicine IDSA Recommendations: 8 years or older: -Up to 45 kg: 2 mg/kg orally every 12. -Greater than 45 kg: 100 mg orally twice a day Comments: -Recommended for purulent cellulitis (cellulitis associated with purulent drainage/exudate without drain current) due to methicillin-resistant S aureus -Current guidelines should be consulted for further information. Usual pediatric dose for nongonococcal urethritis AAP Recommendations: -Adolescents and children 8 years or older weigh at least 45 kg: 100 mg orally twice a day for 7 days Comments: -Recommended in combination with ceftriaxone -Patient's sexual partner (s) should also be evaluated/ treated. -The current guidelines should be consulted additional information. Usual pediatric dose for Cervicitis AAP Recommendations: -Adolescents and children 8 years or older weigh at least 45 kg: 100 mg orally twice a day for 7 days Comments: -Recommended in combination with ceftriaxone -The patient's sexual partner (s) should also be evaluated/treated. -The current guidelines should be consulted for further information. Usual Pediatric Dose for Chlamydia Infection AAP and US CDC Recommendations: Adolescents and Children 8
years or older: 100 mg orally twice a day for 7 days -Alternative for adolescents (delayed release tablets): 200 mg orally once a day for 7 days Comments: -Recommended for uncomplicated anogenital intestinal tract infection due to trachomatis -Patient's sexual partner (e) should also be evaluated/ treated. -The current guidelines should be consulted for further information. Usual pediatric dose for epididymitis - sexually transmitted AAP and U.S. CDC recommendations: -Adolescents: 100 mg orally twice a day for 10 days Comments: -With ceftriaxone, the recommended regimen for acute epididymitis probably due to sexually transmitted chlamydia and gonorrhea -The patient's sexual partner (s) should also be evaluated/treated. -The current guidelines should be consulted for further information. Usual pediatric dose for gonococcal infection - Uncomplicated US CDC Recommendations: -Adolescents: 100 mg orally twice a day for 7 days Comments: -With ceftriaxone (or cefixime), recommended for uncomplicated infections of the cervix, the urethra or rectum as an alternative to other antimicrobials for patients with azithromycin allergy -AAP recommends the same dose for patients aged 8 years or older weighing at least 45 kg. -The patient's or sexual partners should also be evaluated/treated. -The current guidelines should be consulted for further information. Usual paediatric dose for Lyme disease - Arthritis IDSA Recommendations: 8 years or older: 2 mg/kg orally twice a day Maximum dose: 10 to 21 days - Borigt: 28 days Comments: - Acrodermatitis chronica atrophics: 21 days - Heart disease: 14 to 21 days - Erythema migrans: 10 to 21 days - Borigt: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis associated with erythema migrans when specific neurological manifestations or advanced atrioventricular heart block absent, uncomplicated Borrelgt arthritis in patients without clinical evidence of neurological disease. patients with atrollicular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophics -A parenteral antibiotic (e.g. ceftriaxone) is recommended as initial treatment for patients hospitalized for cardiac monitoring; an oral regimen can be used for completion of treatment and for outpatient. -The current guidelines should be for more information. Usual paediatric dose for lyme disease- - IDSA Recommendations: 8 years or older: 2 mg/kg orally twice a day Maximum dose: 100 mg/dose Duration of treatment: -Acrodermatitis chronica atruffs: 21 days -Heart disease: 14 to 21 days -Erythema migrans: 10 to 21 days -Borrel arthritis: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis associated with erythema migrans when specific neurological manifestations or advanced atrollicular heart block absent, uncomplicated Borreloid in patients without clinical evidence of neurological disease, patients with atrollicular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophics -A parenteral antibiotic (e.g. ceftriaxone) is recommended as initial treatment for patients hospitalized for cardiac monitoring; an oral regimen can be used for completion of treatment and for outpatient, -The current guidelines should be consulted for further information. Usual paediatric dose for Lyme disease - Erythema Chronicum Migrans IDSA Recommendations; 8 years or older; 2 mg/kg orally twice a day Maximum dose: 100 mg/ dose Duration of treatment: -Acrodermatitis chronica atrofisher: 21 days -Erythema migrans: 10 to 21 days -Borigt: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis associated with erythema migrans when specific neurological manifestations or advanced atrollicular heart block absent, uncomplicated Borreloid in patients without clinical evidence of neurological disease, patients with atrollicular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophics -A parenteral antibiotic (e.g. ceftriaxone) is recommended as initial treatment for patients hospitalized for cardiac monitoring; an oral regimen can be used for completion of treatment and for outpatient. -The current guidelines should be consulted for further information. Usual paediatric dose for Lyme Disease IDSA Recommendations: 8 years or older: 2 mg/kg orally twice a day Maximum dose: 100 mg/ dose Duration of treatment: -Acrodermatitis chronicatrophic: 21 days -Heart disease: 14 to 21 days -Erythema migrans: 10 to 21 days -Borigt: 28 days Comments: -Recommended for the treatment of early localized or early disseminated Borreliosis associated with erythema migrans when specific neurological manifestations or advanced atrioventricular heart block absent, uncomplicated Borrelgt arthritis in patients without clinical evidence of neurological disease, patients with atrollicular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophics -A parenteral antibiotic (e.g. ceftriaxone) is recommended as a preliminary of patients hospitalized for cardiac monitoring; A A can be used for completion of treatment and for outpatient. -The current guidelines should be consulted for further information. Usual paediatric dose for Lyme disease - Neurological IDSA Recommendations: 8 years or older: 2 to 4 mg/kg orally twice a day Maximum dose: 200 mg/dose Duration of treatment: 14 days (range: 10 to 28 days) Comments: -Recommended as the preferred regimen for the treatment of the nervous system Lyme disease (including the following syndrome with CSF pleocytosis, peripheral nerve [radiculopathy, diffuse neuropathy, mononeuropatiektics, cranial neuropathy; normal CSF]) -Recommended in early Borreliosis for patients who are intolerant to beta-lactam antibiotics with acute neurological disease manifested by meningitis or culradiopathy -Current guidelines should be consulted for further information. Usual pediatric dose for pelvic inflammatory disease US CDC Recommendations: -Adolescents: 100 mg orally or IV every 12 hours Duration of treatment: 14 days Comments: -With other means, recommended as part of an IM/oral regimen; also recommended as part of an alternative parenteral regimen -This drug can be switched from IV to oral administration 24 to 48 hours after clinical improvement to complete 14 days of treatment. -The current guidelines should be consulted for further information. Usual pediatric dose for STD Prophylaxis AAP Recommendations: 8 years or older and not pregnant: 100 mg orally twice a day for 7 days Comments: -With ceftriaxone, recommended as prophylaxis after sexual assault for dual treatment for gonorrhea and chlamydia guidelines current guidelines for further information. Kidney dose adjustments Most formulations: No adjustment is recommended. 40 mg capsule formulation: May need to adjust the dosage; however, no specific guidelines have been proposed. Liver dose adjustment data Data not available Precautions. Dialysis Data not available Comments: -Dialysis does not change serum half-life of this drug. Other Comments Administration Advice: -Avoid Quick IV Administration; infusion duration may vary with dose, but is usually 1 to 4 hours; 100 mg dose (of a 0.5 mg/ml solution) within at least 1 hour. -Do not inject IV solutions, i.m. be careful to avoid extravasation. -Use short-term treatment with IV only when oral treatment is not indicated. orally as soon as clinically possible. -Continue treatment for at least 24 to 48 hours after the symptoms/fever subside. -Place oral formulations with ample fluid in an upright position to reduce the risk of esophageal irritation and ulceration. -For most oral products, are administered with food or milk if irritation occurs; absorption is not significantly affected by food or milk. -Can carefully break up a one tablet and sprinkle the contents (delayed release pellets) on a spoonful of applesauce (must be swallowed at once without chewing); should not be crushed or damaged when the pills have been sloppy when the tablet is broken. -Doryx(R) MPC tablets should not be chewed or crushed. this product cannot be substituted at mg per mg with other oral products. -According to some manufacturers: Swallow capsules whole; must not break, open, crush, dissolve or chew. -Administration of 40 mg capsule formulation and formulation of the capsule/tablet on an empty stomach, 1 hour before or 2 hours after a meal. Storage requirements: -IV: The manufacturer's product information should be consulted on the storage and stability of reconstituted and/or additional diluted solutions. protect the solution from direct sunlight and/or artificial light. -Oral formulations: Keep less than 30C (86F); protect against light. Reconstitution from direct sunlight and/or artificial light. -Oral formulations: Keep less than 30C (86F); protect against light. concentrations of 0,1 to 1 mg/ml concentrations below 0,1 mg/ml or above 1 mg/ml are not recommended. IV compatibility: -Compatible: Sterile water for injection, USP; Ringers Injection, USP; Invert sugar, 10% in water; Lactated Ringers Injection, USP; 5% Dextrose Injection, USP; The compatibility: -Compatible: Sterile water for injection, USP; The compatibility: -Compatibility: -USP; Dextrose 5% in lactated ringtones; Normosol-M(R) in D5-W (5% dextrose in water) (Abbott); Normosol-R(R) in D5-W (Abbott); Plasma Lyte(R) 148 in 5% Dextrose (Travenol) General: -The usual dose and dosage rate of this substance are different from other tetracyclines; side effects may occur more frequently if the recommended dose is exceeded. -Therapeutic antibacterial serum activity generally lasts 24 hours after the recommended dose. -Thrombophlebitis may occur if IV treatment is prolonged. -Incision and drainage or other surgical procedures may be indicated in addition to antibiotic treatment. -Absorption
of tetracyclines reduced by iron, zinc, calcium, aluminium or magnesium-containing products (e.g. antacids, sucralfate, mineral supplements, buffered didanosin). -If the oral suspension is not available, emergency doses may be made from the tablets. The U.S. FDA website should be consulted for information on preparing this drug for patients who cannot swallow tablets (only recommended during a declared emergency). -The formulation of 40 mg capsules has not been evaluated for the treatment or prevention of infections. it should not be used to treat bacterial infection, antibacterial infection, antibacterial prophylaxis or reduction/elimination of micro-organisms associated with bacterial infection. Monitoring: -General: Organ system studies (periodic during long-term treatment) -Haematological: Haematopoietic studies (periodic during long-term treatment) -Hepatitic: Hepatic (periodic long-term treatment long-term treatment -Kidney: Kidney studies (periodic during long-term treatment) Patient advice: -Read the U.S. FDA-approved patient label (Patient Information), if applicable. - Drink plenty of fluids. -Avoid missing doses and complete the entire course of treatment. -Avoid or minimize exposure to natural or artificial sunlight; sun protection (e.g. protective clothing, sunscreen) if the sun cannot be avoided. Stop treatment if phototoxicity occurs. -Contact your doctor immediately if watery and bloody stools occur (with or without stomach cramps and fever). -Do not use this substance if it is outdated or degraded; discard this substance before the expiry date. Further information Altos consult your healthcare provider to ensure that the information displayed on this page applies to your personal circumstances. Related Issues Medical Disclaimer Disclaimer

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