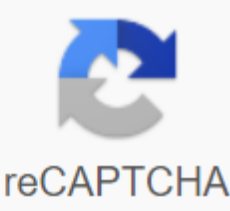




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Doxycycline hyclate 100mg dosage instructions

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 and Acticlate CAP capsules whole; must not be divided, chewed or crushed. If you can't swallow certain delayed 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 evenly. If you take doxycycline for the prevention of malaria, start taking it 1 or 2 days before traveling to an area where there is malaria. Continue to take doxycycline 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 any questions about the type of doxycycline 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 hyclat 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 hyclat 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 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 & Water 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 dish makes a dose to be mixed with food or drink * Weight-range dosage based on 2.2 mg/kg derived dose calculation. Weight Age Amount of Doxycycline & Water Mixture for measure * 12 pounds or less than 1 month 1/2 teaspoon (2.5 ml) 13 to 25 pounds 1 to 11 months 1 teaspoon (5 ml) 26 to 50 pounds 1 to 5 years 2 teaspoons (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 hyclat or Antibiotics. Get emergency help if you have signs of an allergic reaction, including hives, difficulty breathing or swelling of the face, lips, tongue or throat. 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: hyclat 100 mg; hyclat 50 mg; 100 mg; Whereas 25 mg/5 ml 50 mg/5 ml monohydrate 150 mg hyclat 200 mg monohydrate 50 mg monohydrate 75 mg monohydrate 100 mg hyclat 75 mg; 40 mg; hyclat 150 mg; hyclat 200 mg; 200 mg monohydrate 150 mg tablet with soap; monohydrate 150 mg capsule with soap; 100 mg with vitamins and minerals; hyclat 100 mg capsule with soap; hyclat 50 mg capsule with soap; 120 mg hyclat 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 (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 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 the treatment is used for streptococcal infections, treatment should last 10 days. Uses: -For the treatment of the following infections: Psittacosis (ornithosis) due to Chlamydomphila 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: 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 pertenu; 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 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 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. : -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 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 Chlamydomphila 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 pertenu; 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 Chancre 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) : 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 Chlamydomphila 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 pertenu; 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 inclusion Conjunctivitis 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. : -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 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 Chlamydomphila 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

[illegible]

Erythema infectiosum: 100 mg orally twice a day Duration of treatment: Acrodermatitis chronica atrophicans: 21 days -Heart disease: 100 mg orally twice a day Treatment duration: Acrodermatitis chronica atrophicans: 21 days -Heart disease: 100 mg orally twice a day Duration of treatment: Acrodermatitis chronica atrophicans: 21 days -Heart disease: 100 mg orally twice a day Duration of treatment: Acrodermatitis chronica atrophicans: 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 atrioventricular heart block absent, uncomplicated Borgtredoid in patients without clinical evidence of neurological diseases, patients with atrioventricular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophicans -A parental 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 - Carditis IDSA Recommendations: 100 mg orally twice a day Duration of treatment: Acrodermatitis chronica atrophicans: 21 days -Heart disease: 14 to 21 days -Erythema migrans : 10 to 21 days -Bordegitt: 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 Borgtredoid in patients without clinical evidence of neurological diseases, patients with atrioventricular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophicans -A parental 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 atrophicans: 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 atrioventricular heart block absent, uncomplicated Borgtredoid in patients without clinical evidence of neurological diseases, patients with atrioventricular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophicans -A parental 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 atrophicans: 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 atrioventricular heart block absent, uncomplicated Borgtredoid in patients without clinical evidence of neurological diseases, patients with atrioventricular heart block and/or myopericarditis associated with early Lyme disease, and acrodermatitis chronica atrophicans -A parental 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: 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 syndromes: meningitis, meningitis neurological syndrome with CSF-pleocytosis, peripheral nerve [radiculopathy, diffuse neuropathy, mononeuropathy multiplex, cranial neuropathy; normal CSF]) -Recommended in early borreliosis for patients intolerant of beta-lactam antibiotics with acute neurological manifested by meningitis or -The current guidelines should be consulted for further information. Usual adult dose for meliodiosis 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 parental regimen or as part of an IM/oral regimen; also recommended as part of an alternative parental 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-lactam allergy -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 ulnificus 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 serious or life-threatening infections: 2.2 mg/kg orally every 12 hours -Maintenance dose: 100 mg orally every 12 hours -Maintenance dose: 100 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 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 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 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; A 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; actinomycetosis 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 Actinomycetosis IV: Less than 45 kg: All patients with serious or life-threatening infections (e.g. 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: 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, less serious infections: -Initial dose: 4.4 mg/kg IV on the first day, given in 2 shared doses -Maintenance dose: 2.2 mg/kg orally once a day or 1.1 mg/kg orally twice daily At least 45 kg: -Initial dose: 200 mg orally on the first day, given in 2 shared 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 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 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; A 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; actinomycetosis 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 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: 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: 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 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 inclusion 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; A 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; actinomycetosis 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: 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

head or neck. --The current guidelines 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 ---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 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 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 (younger than 1 month): 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: 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 a 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 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 guidelines should be consulted for further information. Usual paediatric dose 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 every 12 months. : 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 hours) -Maintenance dose: 120 mg orally once a 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 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 -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 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 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 once a day 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 -Current guidelines should be consulted for 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 2.1 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 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 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 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). -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 -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 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 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) ---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 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 ricketts infections, including RMSF, typhoid fever and typhoid group, Q 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 -At least 45 kg: 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 medicine for all tick-borne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases include RMSF due to R rickettsii, other spotted fever group ricketts 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 granuloculus 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 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 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 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 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 rickettsial 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 -At least 45 kg: 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 medicine for all tick-borne rickettsial diseases; recommended for patients of all ages -Tickborne rickettsial diseases include RMSF due to R rickettsii, other spotted fever group ricketts 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 granuloculus 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 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 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 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). 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: 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 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 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 inguinale 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 inguinale; 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 -At least 45 kg: 120 mg 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 pyrimethamine-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 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 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 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 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 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). Application: For the treatment of plague 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 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 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 every 12. : 2.6 mg/kg orally once daily orally daily, 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 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 tularemia due to the F 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 limited accident: Minimum 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 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 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: 100 mg/ dose Duration of treatment: -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 atriocentral 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 Borrelold 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 - 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 syndromes: meningitis, neurological syndrome with CSF pleocytosis, peripheral nerve [radiculopathy, diffuse neuropathy, mononeuropathetics, 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 culradipathy -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 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 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 should be consulted 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 See warnings section for additional 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/preparation techniques: -The manufacturer's product information should be consulted. -IV: Reconstitution and additional dilution resulting in 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; Sodium chloride injection, USP; 5% Dextrose Injection, USP; Ringers Injection, USP; Invert sugar, 10% in water; Lactated Ringers Injection, 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) 56 at 5%Dextrose (Travenol); 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 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) -Hepatic: 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. 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