1 ceftoloret (saf-a-klor)

Bactericidal

Classification: anti-infection

Pharmacologic: second-generation cephalosporins

Pregnancy Category B

Indications

Treatment of the following infections caused by susceptible organisms: Respiratory tract infections, Skin and skin structure infections, Urinary tract infections, Otitis media.

Action

Binds to bacterial cell wall membranes, causing cell death. Therapeutic Effects: Bactericidal action against susceptible bacteria. Spectrum: Similar to that of first-generation cephalosporins but has increased activity against several other gram-negative pathogens including Haemophilus influenzae, Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis. Not active against methicillin-resistant staphylococci or enterococci.

Pharmacokinetics

Absorption: Well absorbed after oral administration.

Distribution: Widely distributed. Penetration into CSF is poor. Crosses the placenta and enters breast milk in low concentrations.

Metabolism and Excretion: Excreted primarily unchanged by the kidneys.

Half-life: 30–60 min (increased in renal impairment).

TIME/ACTION PROFILE

ROUTE ONSET PEAK DURATION
PO rapid 30–60 min 6–12 hr
PO-CD unknown unknown 12 hr

Contraindications/Precautions

Contraindicated in: Hypersensitivity to cephalosporins; Serious hypersensitivity to penicillins.

Use Cautiously in: Renal impairment; History of GI disease, especially colitis; Pregnancy and lactation (has been used safely).

Adverse Reactions/Side Effects


Interactions

Drug-Drug: Probenecid decreases excretion and increases blood levels. Antacids decrease absorption.

Route/Dosage

PO (Adults): 250–500 mg q8h or 575–1000 mg q12h as extended-release tablets.

PO (Children ≥1 mo): 6.7–13.4 mg/kg q8h or 10–20 mg/kg q12h (up to 1 g/day).

NURSING IMPLICATIONS

Assessment

● Assess for infection (vital signs, appearance of wound, sputum, urine, and stool; WBC) at beginning of and during therapy.

● Before initiating therapy, obtain a history to determine previous use of and reactions to penicillins or cephalosporins. Persons with a negative history of penicillin sensitivity may still have an allergic response.

● Obtain specimens for culture and sensitivity before initiating therapy. First dose may be given before receiving results.

● Observe patient for signs and symptoms of anaphylaxis (rash, pruritus, laryngeal edema, wheezing). Discontinue the drug and notify the physician or other health care professional immediately if these symptoms occur. Keep epi- nephrine, an antihistamine, and resuscitation equipment close by in the event of an anaphylactic reaction.

● Lab Test Considerations: May cause positive results for Coombs’ test.

● May cause increased serum ALT, AST, alkaline phosphatase, bilirubin, LDH, BUN, and creatinine.

● May rarely cause neutropenia, agranulocytosis, and eosinophilia.

● May cause increased serum ALT, AST, alkaline phosphatase, bilirubin, LDH, BUN, and creatinine.

● May rarely cause neutropenia, agranulocytosis, and eosinophilia.
Potential Nursing Diagnoses

Risk for infection (Indications) (Side Effects)

Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation

● PO: Administer around the clock. Chewable tablets, capsules, or suspension may be administered on full or empty stomach. Administration with food may minimize GI irritation. Extended-release tablets should be taken with food. Shake oral suspension well before administering. Suspension is stable for 14 days after reconstitution (if refrigerated).

  ● Do not administer within 1 hr of taking antacids.

  ● Do not crush, break, or chew extended-release tablets.

Patient/Family Teaching

● Instruct patient to take medication around the clock at evenly spaced times and to finish the medication completely, even if feeling better. Missed doses should be taken as soon as possible unless almost time for next dose; do not double doses. Instruct patient to use calibrated measuring device with suspension. Advise patient that sharing of this medication may be dangerous.

  ● Advise patient to report signs of superinfection (furry overgrowth on the tongue, vaginal itching or discharge, loose or foul-smelling stools) and allergy.

  ● Instruct patient to notify health care professional if fever and diarrhea develop, especially if stool contains blood, pus, or mucus. Advise patient not to treat diarrhea without consulting health care professional.

Evaluation/Desired Outcomes

● Resolution of signs and symptoms of infection. Length of time for complete resolution depends on the organism and site of infection.

Why was this drug prescribed for your patient?