Cephalosporins, especially cefuroxime, are effective against a wide range of aerobic Gram-Positive and Gram-Negative microorganisms. Staphylococcus saprophyticus and Providencia rettgeri are examples of such organisms. The following criteria are used to test the susceptibility of microorganisms to cefuroxime:

- Disk diffusion test
- Interpretation of results

Establishing the susceptibility of bacteria to antimicrobial compounds is a critical aspect of clinical practice, ensuring effective treatment and preventing the development of resistant strains. The pharmacokinetics of cefuroxime in urine have been studied in pediatric patients, with findings indicating that the suspension formulation is bioequivalent to 2 times 125 mg/5 mL-dose of CEFTIN Suspension when administered to children. The peak plasma concentration averaged 71% of the dose equivalent.

Cefuroxime has demonstrated activity against most strains of bacteria, including those causing infections in the ear, respiratory, and urinary tracts. Antibiotic therapies are often selected based on the site of the infection, patient characteristics, and the availability of evidence. Risk factors for metabolic and electrolyte disturbances in patients receiving cefuroxime include glucose levels, blood pressure, and liver function.

Approximately 50% of serum cefuroxime is bound to protein, offering a stable pharmacokinetics profile. The presence of cefuroxime axetil can be indicated by increased glucose oxidase activity, while the absence of glucose can be confirmed using the hexokinase method. Ingestion of milk or milk products can affect the bioavailability of cefuroxime, and patients should be advised accordingly.

In summary, cefuroxime is a versatile antibiotic agent effective against a broad spectrum of bacterial pathogens. Proper selection and dosing are crucial for optimal treatment and minimizing the risk of resistance development.
CEPHALOSPORIN-CLASS ADVERSE REACTIONS

NOTE: CEFTIN TABLETS AND CEFTIN FOR ORAL SUSPENSION ARE NOT BIO-

OVERDOSAGE

and agranulocytosis.

generally insufficient to allow an estimate of incidence or to establish causation.

or with CEFTIN for Oral Suspension and were reported spontaneously. Data are

POSTMARKETING EXPERIENCE WITH CEFTIN PRODUCTS

Multiple-Dose Dosing Regimens—Clinical Trials

enrolled at centers in the United States.

The discontinuations were primarily for gastrointestinal disturbances, usually diarrhea

the investigators to be possibly, probably, or almost certainly related to drug toxicity.

In clinical trials of cefuroxime axetil tablets in the treatment of uncomplicated gonorrhea

dosage of cefuroxime axetil (1,000 mg) for the treatment of uncomplicated gonorrhea.

with frequencies comparable to those reported with 7 to 10 days dosing.

common drug-related adverse experiences were diarrhea (10.6% of patients), Jarisch-

in a dose of 250 mg twice daily in the treatment of secondary bacterial infections of

Table 4. Adverse Reactions—CEFTIN Tablets

CEFTIN for Oral Suspension:

5. Once the sound of the powder against the bottle disappears, turn the bottle upright

4. Invert the bottle and vigorously rock the bottle from side to side so that water

2. Remove the cap.

1. Shake the bottle to loosen the powder.

of dispensing as follows:

Patients With Renal Failure:

In addition to the adverse reactions listed above that have been observed in patients

Renal dysfunction.

Several cephalosporins have been implicated in triggering seizures, particularly

Neurologic:

Incidence

†

Acute Bacterial Maxillary Sinusitis:

Clinical success 65% 53% 77% 74%

Clinical failure 30% 47% 23% 26%

Clinical success ratio 2.04 1.13 3.33 2.85

Pharyngitis/tonsillitis 250 mg b.i.d. 10

Acute Bacterial Maxillary Sinusitis:

Muscle stiffness

Somnolence

Dizziness

Dislike of taste 5.0%

Gastrointestinal infection

Hives

Muscle stiffness

Somnolence

Dizziness

Dislike of taste 5.0%