OVERDOSAGE
Signs and Symptoms — The severity of the overdose and symptoms experienced by the patient will depend on the dose administered, the patient's renal function, state of hydration, and age and whether or not other medications were used concurrently. Overdose may occur in patients treated more than 10 days in adults given more than 1 mg/kg/day of tabular, patients given more than 1 mg/kg/day of tabular, patients given more than 1 mg/kg/day of tabular, or patients with reduced renal function who dose can be manipulated as an appropriate option.

Nephrotoxicity — Nephrotoxicity is a frequent administration of an administered dose is more common in patients receiving other nephrotoxic drugs, but the volume is limited to a high additional risk for developing acute tubular necrosis. Acute and chronic use has been associated with nephrotoxicity and a high dose of Patients who are treating these other nephrotoxic drugs, are receiving other nephrotoxic drugs, or are volume-depleted is a greater risk for developing acute tubular necrosis. Acute and chronic use has been associated with nephrotoxicity and a high dose of Patients who are treating these other nephrotoxic drugs, are receiving other nephrotoxic drugs, or are volume-depleted is a greater risk for developing acute tubular necrosis.

DOSAGE SCHEDULE GUIDANCE FOR TABULAR INJECTION, USP IN ADULTS WITH NORMAL RENAL FUNCTION

<table>
<thead>
<tr>
<th>Dosage Form</th>
<th>Treatment</th>
<th>Maintenance Dose</th>
<th>Total Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Tablet</td>
<td>Normal</td>
<td>15 mg/kg/24h</td>
<td>30 mg/kg/24h</td>
</tr>
<tr>
<td>Oral Tablet</td>
<td>Reduced Renal Function</td>
<td>10 mg/kg/24h</td>
<td>20 mg/kg/24h</td>
</tr>
<tr>
<td>Oral Liquid</td>
<td>Normal</td>
<td>15 mg/kg/24h</td>
<td>30 mg/kg/24h</td>
</tr>
<tr>
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<td>20 mg/kg/24h</td>
</tr>
</tbody>
</table>

DOSAGE GUIDANCE TABLE 3

- **Adjustment Doses for Specific Conditions**
- **Maintenance Dose for Life-Threatening/Severe Conditions**

Nephrotoxicity — Nephrotoxicity is a frequent administration of an administered dose is more common in patients receiving other nephrotoxic drugs, but the volume is limited to a high additional risk for developing acute tubular necrosis. Acute and chronic use has been associated with nephrotoxicity and a high dose of Patients who are treating these other nephrotoxic drugs, are receiving other nephrotoxic drugs, or are volume-depleted is a greater risk for developing acute tubular necrosis.

Tobramycin Injection, USP

**Rx only**

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Tobramycin and other antibiotics, Tobramycin should be used only in treatment of infections that are proven or strongly suspected to be caused by bacteria. Tobramycin is used in the treatment of infections caused by bacteria that are susceptible to Tobramycin.

**WARNING**

**Tobramycin Injection, USP, and other aminoglycosides should be under close clinical observation, because these drugs have an inherent potential for causing auditory and renal toxicity.**

- **Auditory Toxicity** — Markedly reduced hearing, tinnitus, or vertigo can occur and may be permanent.
- **Renal Toxicity** — Markedly reduced renal function may occur, resulting in azotemia or anuria. The following parameters should be carefully monitored in all patients receiving Tobramycin: serum creatinine, blood urea nitrogen, and electrolyte levels. Other parameters that may be followed include fractional excretion of osmolar gap, and urine electrolyte concentrations.

DOSAGE SCHEDULE GUIDANCE FOR TABULAR INJECTION, USP IN ADULTS WITH NORMAL RENAL FUNCTION

<table>
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</tr>
</tbody>
</table>

FLIPOPATIAL VIAL

- **Fluconazole**
- **Rx only**

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Fluconazole and other antifungal drugs, Fluconazole should be used only in treatment of infections that are proven or strongly suspected to be caused by bacteria. Fluconazole is used in the treatment of infections caused by bacteria that are susceptible to Fluconazole.

**WARNING**

**Fluconazole Injection, USP, and other aminoglycosides should be under close clinical observation, because these drugs have an inherent potential for causing auditory and renal toxicity.**

- **Auditory Toxicity** — Markedly reduced hearing, tinnitus, or vertigo can occur and may be permanent.
- **Renal Toxicity** — Markedly reduced renal function may occur, resulting in azotemia or anuria. The following parameters should be carefully monitored in all patients receiving Fluconazole: serum creatinine, blood urea nitrogen, and electrolyte levels. Other parameters that may be followed include fractional excretion of osmolar gap, and urine electrolyte concentrations.
Sepsis is the pediatric patient and adult community-acquired pneumonia, e. coli, and Acinetobacter baumannii.

Complications:
Lower respiratory tract infections caused by A. pyogenes, Klebsiella sp., Enterococcus sp., S. aureus, and S. pneumoniae are some of the most common and life-threatening infections in critically ill patients. These infections may be associated with prolonged hospital stay, increased mortality, and significant economic burden.

Management:
Appropriate antibiotic therapy is critical for the management of respiratory infections. Early and prompt administration of antibiotics can help prevent complications and improve outcomes. However, resistance to antibiotics has become a significant challenge in recent years.

Surgical and mechanical interventions may be necessary in some cases. Early recognition and appropriate treatment are essential for achieving the best outcomes.

In conclusion, respiratory infections are a significant cause of morbidity and mortality in critically ill patients. Early recognition, appropriate diagnosis, and timely intervention are crucial for preventing complications and improving patient outcomes.
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/s/

JACQUELINE D COUNCIL
01/11/2012

LILLIE D GOLSON
01/12/2012
for Wm. Peter Rickman