Streptomycin for Injection, USP

WARNING
The risk of severe neurotoxic reactions is sharply increased in patients with brain disease or peripheral neuritis. These patients should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.

INTRAUSCULAR Administration
To reduce the development of drug-resistant bacteria and maintain the effectiveness of streptomycin and other antibacterial drugs, streptomycin should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting appropriate therapy.

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SUSCEPTIBILITY TESTS: Dilution Technique
Quantitative methods that provide measurement of zone diameters give the most precise estimates of the susceptibility of isolates to antimicrobial agents. One such standardized test has been recommended for use in clinical laboratories and may require additional equipment. The test should be performed in laboratories competent in performing dilution techniques using standardized dilution or gradient plates.

A report of "sensitive" indicates that the isolated organism is not likely to respond to streptomycin treatment.

General: Precautionary level for streptomycin in the absence of a proven or strongly suspected bacterial infection or anaphylactic reaction is to be allowed to the patient and the increase in the risk of developing significant bacterial resistance.

Neutropenia and bone marrow suppression have been reported in some patients receiving streptomycin. The incidence of these reactions is low and may be slightly increased by concomitant use with other antibacterial agents.

-derived from Streptomycin Sulfate. USP 56: 1 gram streptomycin sulfate is equal to 1 gram streptomycin base. The chemical formula is C_{21}H_{39}N_{7}O_{12}SO_{4} and the molecular weight calculated is 744.44.

In all patients, the use of appropriate diagnostic and laboratory procedures should be taken into consideration prior to the use of this drug.

INDICATIONS AND USAGE
Streptomycin is indicated for the treatment of infections caused by susceptible bacteria (see below). Overgrowth of nonsusceptible microorganisms may occur and may cause superinfection. If superinfection does occur, appropriate therapy should be instituted.

INFECTION WITH ALCOHOLIC POLYNEURITIS SHOULD RECEIVE REDUCED DOSING. THE ADMINISTRATION OF STREPTOMYCIN IN PARENTERAL FORM SHOULD BE RESERVED FOR PATIENTS WHERE ADEQUATE LABORATORY AND AUDITORY TESTING FACILITIES ARE AVAILABLE.

CONTRAINDICATIONS
Streptomycin is usually administered as a single daily intramuscular injection. A total dose of not more than 1200 mg is recommended. If the exposure to streptomycin is given unless there are no other therapeutic options.

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TUBERCULOSIS: The standard regimen for the treatment of drug susceptible tuberculosis is as follows: 1. Mycobacterium tuberculosis: The Advisory Council for the Elimination of Tuberculosis, the American Thoracic Society, and the Centers for Disease Control recommend that an initial and/or maintenance regimen be used for the treatment of tuberculosis. The initial regimen consists of isoniazid (INH) and rifampin (rifampicin) for the first 2 months. The recommended regimens are as follows: INH and rifampin (patients with concomitant infection with tuberculosis and HIV may be considered for treatment with rifabutin instead of rifampin). The recommended dosage for streptomycin is as follows: Adults: The preferred site is the upper outer quadrant of the buttock, (i.e., gluteus maximus), or the mid-lateral thigh.

Hence, infants should not receive streptomycin in excess of the recommended dosage. In patients with normal renal function, dosage reduction is not necessary. The recommended dosage for streptomycin is as follows: Adults: The dosage is 1 to 2 grams in divided doses every six to twelve hours for moderate to severe infections.

Streptomycin does not prevent the development of drug resistance. In patients with meningococcal meningoencephalitis or purpura fulminans in whom streptomycin is not an adequate therapy, ampicillin or polymyxin B should be used.

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