To reduce the development of drug-resistant bacteria and maintain the effectiveness of Cefazolin for injection, use Cefazolin only to treat infections that are proven or strongly suspected to be caused by susceptible organisms.

Drug Interactions and Use

Cefazolin should be used only to treat infections that are proven or strongly suspected to be caused by susceptible organisms. Some bacterial pathogens may become resistant during therapy to antibiotics used in treatment or in prophylaxis for surgery.

Local Reactions

Local reactions are uncommon after a single intramuscular or intravenous dose of Cefazolin. However, anaphylactoid reactions may occur, even in patients with no history of allergy. Reactions immediately after injection or within 30 minutes afterwards are usually due to the drug itself. Those occurring more than 30 minutes after injection may represent reactions to preservatives or other components of the injection.

Central Nervous System Reactions

Patients should be observed for signs of central nervous system depression, including sedation, nausea, and vomiting. Central nervous system reactions commonly associated with cephalosporins, including ataxia, dizziness, and paresthesias, have been reported. When Cefazolin is administered to patients with renal impairment, the dose of Cefazolin should be reduced.

Adverse Reactions

Deaths have been reported in patients with severe anaphylactic reactions to cephalosporins. Although these reactions are rare, patients should be observed for at least 1 hour after the completion of the injection. The use of Cefazolin as a prophylactic agent should be reserved for certain high-risk surgical patients.
Dosage and Administration

Usual Adult Dosage

<table>
<thead>
<tr>
<th>Type of Infection</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to severe infections</td>
<td>500 mg to 1 gram</td>
<td>every 6 to 8 hrs.</td>
</tr>
<tr>
<td>Mild infections caused by susceptible gram-positive cocci</td>
<td>250 mg to 500 mg</td>
<td>every 8 hours</td>
</tr>
<tr>
<td>Acute, uncomplicated urinary tract infections</td>
<td>1 gram</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>Pneumococcal pneumonia</td>
<td>500 mg</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>Severe, life-threatening infections (e.g., endocarditis, septicaemia)</td>
<td>1 gram to 1.5 grams</td>
<td>every 6 hours</td>
</tr>
</tbody>
</table>

*In rare instances, doses of up to 12 grams of Cefazolin for injection per day have been used.*

Perioperative Prophylactic Use

To prevent postoperative infection in contaminated or potentially contaminated surgery, recommended doses are:

a. 1 gram IV administered 1 to 2 hours prior to the start of surgery.
b. For lengthy operative procedures (e.g., 2 hours or more), 500 mg to 1 gram IV during surgery (administration modified depending on the duration of the operative procedure).
c. 500 mg to 1 gram IV every 6 to 8 hours for 24 hours postoperatively.

It is important that (1) the prophylactic dose be given just (1/2 to 1 hour) prior to the start of surgery so that adequate antibiotic levels are present in the serum and tissues at the time of initial surgical incision; and (2) Cefazolin for injection be administered, if necessary, at appropriate intervals during surgery to provide sufficient levels of the antibiotic at the anticipated moments of greatest exposure to infective organisms.

In surgery where the occurrence of infection may be particularly devastating (e.g., open-heart surgery and prosthetic arthroplasty), the prophylactic administration of Cefazolin for injection may be continued for 3 to 5 days following the completion of surgery.

Dosage Adjustment for Patients with Reduced Renal Function

Cefazolin for injection may be used in patients with reduced renal function with the following dosage adjustments:

Patients with a creatinine clearance of 59 ml/min or greater or a serum creatinine of 1.5 mg % or less can be given full doses. Patients with a creatinine clearance of 36 to 59 ml/min or serum creatinine of 1.6 to 3.0 mg % can also be given full doses but dosage should be restricted to at least 8 hours intervals.

Patients with a creatinine clearance of 11 to 24 ml/min or serum creatinine of 3.1 to 4.5 mg % should be given 11/2 the usual dose every 12 hours.

Patients with a creatinine clearance of 10 ml/min or less or serum creatinine of 4.6 mg % or greater should be given 1/2 to 1/3 the usual dose every 18 to 24 hours.

In reduced dosage recommendations apply after an initial loading dose appropriate to the severity of the infection. Patients undergoing peritoneal dialysis: See CLINICAL PHARMACOLOGY.

Pediatric Dosage

In pediatric patients, a total daily dosage of 25 to 50 mg per kg (approximately 10 to 20 mg per pound) of body weight, divided into 3 or 4 equal doses, is effective for most mild to moderately severe infections. Total daily dosage may be increased to 100 mg per kg (45 mg per pound) of body weight for severe infections. Since safety for use in premature infants and in neonates has not been established, the use of Cefazolin for injection in these patients is not recommended.

In pediatric patients with mild to moderate renal impairment (creatinine clearance of 70 to 40 ml/min.), 60 percent of the normal daily dose given in equally divided doses every 12 hours should be sufficient. In patients with moderate impairment (creatinine clearance of 40 to 20 ml/min.), 35 percent of the normal daily dose given in equally divided doses every 12 hours should be adequate. Pediatric patients with severe renal impairment (creatinine clearance of 20 to 5 ml/min.) may be given 10 percent of the normal daily dose every 24 hours. All reduced dosage recommendations apply after an initial loading dose.

Reconstitution

Preparation of Parenteral Solution

Parenteral drug products should be SHAKED WELL when reconstituted, and inspected visually for particulate matter prior to administration. If particulate matter is evident in reconstituted fluids, the drug solutions should be discarded.

Reconstituted solutions may range in color from pale yellow to yellow without a change in potency.

Directions for Proper Use of a Pharmacy Bulk Package

Not for direct infusion. This Pharmacy Bulk Package is for use in a hospital pharmacy admixture service, only in a suitable work area, such as a laminar flow hood. Using aseptic technique, the container closure may be penetrated only once after reconstitution using a suitable sterile dispensing set or transfer device that allows measured dispensing of the contents. Use of a syringe and needle is not recommended as it may cause leakage. The withdrawal of container contents should be accomplished without delay. However, should this not be possible, a maximum time of 4 HOURS from initial closure entry is permitted to complete fluid transfer operations. This time limit should begin with the introduction of the solvent or diluent into the Pharmacy Bulk Package. DISCARD ANY UNUSED PORTION AFTER 4 HOURS.

This PHARMACY BULK PACKAGE IS NOT INTENDED TO BE DISPENSED AS A UNIT.

Pharmacy Bulk Package

Add Sterile Water for Injection, Bacteriostatic Water for Injection, or Sodium Chloride Injection according to the table below. SHAKE WELL. Use promptly. (Discard vial within 4 hours after initial entry.)

<table>
<thead>
<tr>
<th>Vial Size</th>
<th>Amount of Diluent</th>
<th>Approximate Concentration</th>
<th>Approximate Available Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 grams</td>
<td>45 ml</td>
<td>1 gram/5 ml</td>
<td>51 ml</td>
</tr>
<tr>
<td>96 ml</td>
<td>1 gram/10 ml</td>
<td>102 ml</td>
<td></td>
</tr>
</tbody>
</table>