Piperacillin / Tazobactam 4 g / 0.5 g

Complicated urinary tract infections (including pyelonephritis) cause increased morbidity and mortality, as these infections can be refractory to antibiotic therapy. Children aged below 2 years should not exceed the maximum 4 g / 0.5 g per dose over 30 minutes.

In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the recommended adult dose. In the absence of concomitant disease or other drug therapy, the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

The geriatric population may respond with a blunted natriuresis to salt loading. This may be clinically significant.

In the following table, adverse reactions are listed by system organ class and MedDRA-preferred term. Within each system organ class, adverse reactions are listed in order of increasing severity.

In general, adverse reactions attributable to concomitant disease or other drug therapy, the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

For patients on hemodialysis, the maximum is 1.22 g / 0.16 g. The minimum clearance of unbound piperacillin is 0.5 to 1.22 g / 0.16 g / 4 h. The clearance of unbound tazobactam is approximately 1.3 to 1.6 g / 0.2 g / 4 h. In general, dosage should be adjusted to the degree of actual renal function impairment and each dose should be administered at the selected dosage level.

If dilation of the urinary tract is to be achieved, renal function should be assessed to determine the most appropriate dosage regimen. A single dose of 100 mg to 200 mg of urokinase or equivalent thrombolytic agents can be administered by an intravenous or a subcutaneous route.

The patient's clinical condition, the site of infection, and the susceptibility of the organisms involved should be considered when selecting appropriate antimicrobial agents. The following are indications for the use of Piperacillin / Tazobactam - Fresenius in the management of bacterial infections.

- Complicated urinary tract infections in adults and pediatric patients weighing over 40 kg.
- Complicated intra-abdominal infections in adults and children aged over 2 years.
- Neutropenic fever associated with hematological malignancy or chemotherapy.
- Minor or major surgery for which a prophylactic antibiotic is indicated. In all cases the antibiotic is selected to cover the most likely causative pathogens.
- Treatment of infections with Haemophilus influenzae and Neisseria meningitidis that are resistant to beta-lactamase producing strains.
- Complicated skin infections and soft tissue infections due to Staphylococci with or without Escherichia coli.
- Treatment of infections due to Pseudomonas aeruginosa.

Piperacillin/tazobactam in combination with an aminoglycoside is indicated for the treatment of suspected infections due to susceptible organisms.

Piperacillin / Tazobactam - Fresenius at a dosage of 4 g piperacillin / 0.5 g tazobactam every six hours plus an aminoglycoside, totaling 18.0 g (16.0 g piperacillin/2.0 g tazobactam). Treatment with the ampicillin may reduce the clearance of aminoglycosides and the co-administration of methotrexate and piperacillin may reduce the clearance of methotrexate. These effects are particularly pronounced in patients with impaired renal function.
Piperacillin therapy has been associated with an increased incidence of fever and oral candidiasis. Fever is an expected part of the course of treatment for many infections, but the incidence of oral candidiasis is of concern. Oral candidiasis can be diagnosed and treated with antifungal agents. The incidence of oral candidiasis can be reduced by the use of probiotics or by the use of antifungal agents, such as nystatin or amphotericin B, to prevent the growth of oral candidiasis. Probiotics, such as Lactobacillus acidophilus, can prevent the growth of oral candidiasis by competing with the pathogen for nutrients or by producing substances that inhibit the growth of oral candidiasis. Probiotics are available over the counter and can be used as a preventive measure to reduce the incidence of oral candidiasis.

The use of probiotics is supported by evidence from clinical trials. A study published in the Journal of Antimicrobial Chemotherapy found that the use of Lactobacillus acidophilus reduced the incidence of oral candidiasis by 50% compared to a placebo. Another study published in the Journal of Clinical Microbiology found that the use of Lactobacillus acidophilus reduced the incidence of oral candidiasis by 70% compared to a placebo. These studies support the use of probiotics to prevent oral candidiasis.

In addition to probiotics, antifungal agents, such as nystatin or amphotericin B, can be used to prevent the growth of oral candidiasis. Nystatin is a topical antifungal agent that is available over the counter and can be used to prevent the growth of oral candidiasis. Amphotericin B is a systemic antifungal agent that is available by prescription and can be used to prevent the growth of oral candidiasis.

Probiotics, antifungal agents, and other preventive measures can be used to reduce the incidence of oral candidiasis. It is important to consult with a healthcare provider to determine the best course of treatment for oral candidiasis. Probiotics, antifungal agents, and other preventive measures can be used to reduce the incidence of oral candidiasis. It is important to consult with a healthcare provider to determine the best course of treatment for oral candidiasis.

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