1% defined growth supplement.

Isolates of pneumococci with oxacillin zone diameters of >20 mm are susceptible (MIC < 0.06 mcg/mL) to penicillin and

when using Mueller-Hinton agar supplemented with 5% sheep blood incubated in 5% CO₂.

suggestive of a "Nonsusceptible" category should be submitted to a reference laboratory for further testing.

The following interpretive criteria should be used when testing Neisseria gonorrhoeae when using GC agar base and

The following interpretive criteria should be used when testing Neisseria gonorrhoeae when using GC agar base and

The following interpretive criteria should be used when testing Haemophilus species when using Haemophilus Test

quantitative methods are used to determine antimicrobial minimal inhibitory concentrations (MICs). These MICs provide estimates of the susceptibility of bacteria to antimicrobial compounds. The MICs should

Standardized susceptibility test procedures require the use of laboratory control microorganisms to control the technical

usually achievable; other therapy should be selected.

Aerobic gram-positive microorganisms:

Streptococcus pneumoniae 49619 30-35
Staphylococcus aureus 25923 22-28

Streptococcus pneumoniae 49619 0.03-0.12
Staphylococcus aureus 25923 1-8*
Escherichia coli 25922 0.03-0.12
Standardized susceptibility test procedures require the use of laboratory control microorganisms to control the technical

but their clinical significance is unknown

but their clinical significance is unknown

In the lower left quadrant of each zone interpretation, the MIC is shown. The MIC is used to establish the level of resistance

Crossing the blood placenta barrier.

Meningitis are shown in Table 3. Ceftriaxone penetrated the inflamed meninges of infants and pediatric patients; CSF

Over a 0.15 to 3 gm dose range in healthy adult subjects, the values of elimination half-life ranged from 5.8 to 8.7 hours; average concentrations of ceftriaxone, determined from 1 to 3 hours after dosing, were 581 mcg/mL in the gallbladder

2 gm IV 2692 1976 757 274 198 40

Dose/Route Average Urinary Concentrations (mcg/mL)

Ceftriaxone concentrations in urine are high, as shown in Table 2.

subject and in patients with renal impairment or hepatic dysfunction (Table 4); therefore, dosage adjustments are not

Elimination Half-life (hr) 4.6 4.3

Mild (31-60 mL/min) 12.4 0.70 13.3
Moderate (16-30 mL/min) 11.4 0.72 11.8
Hemodialysis Patients (0-5 mL/min)* 14.7 0.65 13.7

Patients With Renal Impairment

Staphylococcus epidermidis
Staphylococcus aureus (including penicillinase-producing strains)

Acinetobacter calcoaceticus
Neisseria gonorrhoeae (including penicillinase- and nonpenicillinase-producing strains)
Providencia species (including Providencia rettgeri)
Moraxella catarrhalis (including beta-lactamase producing strains)

Microbiology:

*Creatinine clearance.
When treating infections caused by Streptococcus pyogenes, therapy should be continued for at least 10 days. Generally, ceftriaxone injection therapy should be continued for at least 2 days after the signs and symptoms of infection have disappeared. The usual duration of therapy is 4 to 14 days; in complicated infections, longer therapy may be necessary.

Studies indicate that a toxin produced by Clostridium difficile is one primary cause of "antibiotic-associated colitis". Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Pseudomembranous colitis has been reported with nearly all antibacterial agents, including ceftriaxone, and may occur more readily in patients receiving concurrent corticosteroid therapy. Therapy with a broad-spectrum antibacterial agent, such as ceftriaxone, should be used only if there is a strong likelihood that the isolation of specific pathogens is likely to be useful in guiding further therapy. This is particularly true in treatment of infections involving anaerobic bacteria. Thus, before instituting treatment with ceftriaxone injection, appropriate specimens should be obtained for isolation of the causative organism(s) and identification of the pathogen(s), along with susceptibility testing. Controlled trials have been conducted to evaluate any cephalosporin antibiotic in the prevention of infection following coronary artery bypass surgery, no placebo-controlled trials have been conducted to evaluate the efficacy of any cephalosporin antibiotic in the prevention of infection following cardiac valve replacement.

In the case of overdosage, drug concentration would not be reduced by hemodialysis or peritoneal dialysis. There is no specific antidote for ceftriaxone. In the event of overdosage, supportive and symptomatic therapy should be administered.

Teratogenic Effects: Pregnancy Category B. Reproductive studies have been performed in mice and rats at doses of 586 mg/kg/day or less and have revealed no evidence of impaired fertility or harm to the offspring, at doses of 586 mg/kg/day or less. Mutagenesis: Genetic toxicology tests included the Ames test, a micronucleus test and a test for chromosomal aberrations in human lymphocytes cultured in vitro with ceftriaxone. Ceftriaxone showed no potential for mutagenic activity in these studies.

Rev. August 2004