

# **CEFTRIAXONE**

Third generation cephalosporin that exerts its effect by attaching to and inhibiting PBPs, thereby preventing the synthesis of the peptidoglycan component of the cell wall.

### ANTIMICROBIAL SPECTRUM

Gram-positive cocci: Streptococcus viridans, Streptococcus pyogenes and most penicillin-susceptible Streptococcus pneumoniae (modest activity against methicillin-susceptible Staphylococcus aureus).

☐ Gram-negative baciili: Escherichia coli, Klebsiella spp., Proteus mirabilis, Morganella morganii, Yersinia enterocolitica.

Haemophilus ducreyi, Haemophilus influenzae, Kingella sp.

- Gram-negative cocci: Neisseria gonorrhoeae, Neisseria meningitidis.
- Spirochetes: Borrelia burgdorferi, Treponema pallidum, Leptospira sp.
- No activity against Listeria sp., enterococci, methicillin-resistant S. aureus, Pseudomonas aeruginosa and Bacteroides fragilis.



### **EXCRETION**

33-67% excreted in urine unchanged; remainder secreted in bile.

# MAIN INDICATIONS

Ceftriaxone should usually not be used as first-line treatment - many of the diseases listed below have better options with narrower spectrum:

- Empirical treatment of severe community-acquired infections
- Gonococcal infection
- Urinary tract infection
- Severe community-acquired pneumonia
- Mild-to-moderate intra-abdominal infection and pelvic inflammatory disease
- Bacterial meningitis
- Bloodstream infections
- Osteomyelitis and / or discitis, prosthetic joint infection, septic arthritis

### **ADULT DOSE**



■ Bacterial meningitis: 70-100 mg/kg/day

Gonococcal urethritis: 500 mg IM one single dose

# Renal adjustment

None if creatinine clearance > 5 ml/mn

# **SIDE EFFECTS**



- ! Pseudocholelithiasis secondary to sludge in gallbladder, more likely with ≥2 g/day
- ! Rash
- ! Fever
- ! Diarrhoea

# **MONITORING**

Observe for signs and symptoms of anaphylaxis.

# **PRECAUTIONS**

- Fungal and bacterial superinfection with prolonged use.
- Infections caused by the following organisms should not be treated with third generation cephalosporins:

Enterobacter spp., Citrobacter freundii, Providencia spp., Morganella morganii and Serratia spp. as these bacteria harbor chromosomally encoded inducible AmpC-lactamases that may allow the emergence resistance during treatment.





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