Interpretation

MIC (mcg/mL)

There is no clear indication in the text about the exact values for MIC. However, it is noted that MIC values should be interpreted according to the following criteria:

- Interpretation should be based on the clinical and laboratory observations of the patient.
- Interpretation should be considered in the context of the antimicrobial susceptibility testing.

Drug Interactions

Cefotetan may interact with other drugs that affect the central nervous system (CNS). Patients should be monitored closely for CNS side effects.

Adverse Reactions

The most common side effects of cefotetan include:

- Nausea
- Vomiting
- Diarrhea

Other serious side effects include:

- Severe allergic reactions (e.g., anaphylactic shock)
- Hemolytic anemia

Cefotetan may cause bleeding disorders, especially in patients with a history of hemolytic anemia.

Precautions

- Monitoring of bleeding disorders is recommended in patients with a history of hemolytic anemia.
- Close monitoring of blood counts and renal function is recommended.

It is important to consult a healthcare provider for specific guidance.

The text mentions that cefotetan is a drug used in the treatment of infections caused by susceptible bacteria.

The therapeutic effect of cefotetan on infections caused by susceptible bacteria is supported by the following parameters:

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Anticonvulsant therapy can be given if clinically indicated. Seizures associated with drug therapy occur, the drug should be discontinued.

Hemodialysis should be considered, particularly if renal function is compromised. Particularly in patients with renal impairment, when the dosage was not to toxic epidermal necrolysis, vomiting, abdominal pain, colitis, superinfection, and amyloidosis. Elevation of alkaline phosphatase and total bilirubin may occur.

Miscellaneous: Elevations in BUN and serum creatinine have been reported with other cephalosporins. As with other cephalosporins, high concentrations of cefotetan may result in a false positive reaction and produce false increases in the levels of creatinine reported.

Several cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment, when the dosage was not being monitored. These effects were observed in 7-week-old rats treated with up to 1,000 mg/kg/day SC for 6 weeks. The results of these findings to humans are unknown.

Nursing Mothers: Cefotetan is excreted in human milk in very low concentrations. Caution should be exercised when cefotetan is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

Geriatric Use: The administration of cefotetan may result in a false positive reaction and produce false increases in the levels of creatinine reported. As with other cephalosporins, high concentrations of cefotetan may result in a false positive reaction and produce false increases in the levels of creatinine reported.

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Reproduction Studies: Repeated-dose reproduction studies in rats and monkeys at doses of 600 mg/kg/day for 6 months and 60 mg/kg/day for 28-30 days and 30 days, respectively, did not show any evidence of impaired fertility or adverse effects on fetal development.

Decrease in testicular weight and seminiferous tubule degeneration in 10 of 10 animals. Affected cells included spermatogonia and spermatocytes; these changes were dose dependent (100 mg/kg/day) (approximately 2 times the usual human dose) (1 mg/kg/day) (approximately 0.7 times the usual human dose) (0.7 times the usual human dose) (approximately 0.7 times the usual human dose) (approximately 0.7 times the usual human dose) (approximately 0.7 times the usual human dose) (approximately 0.7 times the usual human dose).

Cefotetan has been reported to cause irreversible testicular damage in male rats and is believed to be developmentally analogous to late childhood and prepuberty in humans.永久に受精標本の全量を蓄積し、精子が子宮の内に到達するための予防が重要である。

Pseudomembranous Colitis: Onset of pseudomembranous colitis symptoms may occur during or after antibiotic treatment. Patients treated with 1 or 2 grams every 12 hours IV for 5 or 6 days. When only serum creatinine levels are available, creatinine clearance may be calculated from the following formula. The serum creatinine level should exceed a normal state of renal function.

Prophylaxis: The administration of cefotetan may result in a false positive reaction and produce false increases in the levels of creatinine reported. As with other cephalosporins, high concentrations of cefotetan may result in a false positive reaction and produce false increases in the levels of creatinine reported.

Prevention: To prevent pseudomembranous colitis in children and infants, the recommended dosage is 1 or 2 g of Cefotetan for Injection for patients. Cefotetan, administered more than 60 minutes prior to surgery, is unlikely to prevent clinical infection. In patients undergoing continuous venous access, the dosage should be reduced to 1 or 2 grams every 12 hours IV for 5 or 6 days.

Intravenous Administration: The intravenous route is preferable for patients with bacteremia, bacterial empyema, or other severe or life-threatening infections. Intravenous administration should not be given in this manner. Cefotetan is a parenteral (injectable) agent and should not be given by any other route. Cefotetan is a parenteral (injectable) agent and should not be given by any other route.

DOSEAGE GUIDELINES FOR PATIENTS WITH IMPAIRED RENAL FUNCTION:

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Dose is determined by the type and severity of infection, and susceptibility of the causative organism.

In the absence of monitoring, the dosage should be reduced to 1 or 2 grams every 12 hours IV for 5 or 6 days. The usual adult human dose is 100 mg/kg/day IV (approximately 2 times the usual human dose) (1 mg/kg/day) (approximately 0.7 times the usual human dose) (0.7 times the usual human dose) (approximately 0.7 times the usual human dose) (approximately 0.7 times the usual human dose) (approximately 0.7 times the usual human dose).

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