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Polycillin Intramuscular advertisement.

[s.l.]: [s.n.], 1971

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now
an ampicillin injection
for routine office use.

new Polycillin[®] Intramuscular (sterile ampicillin trihydrate for suspension)

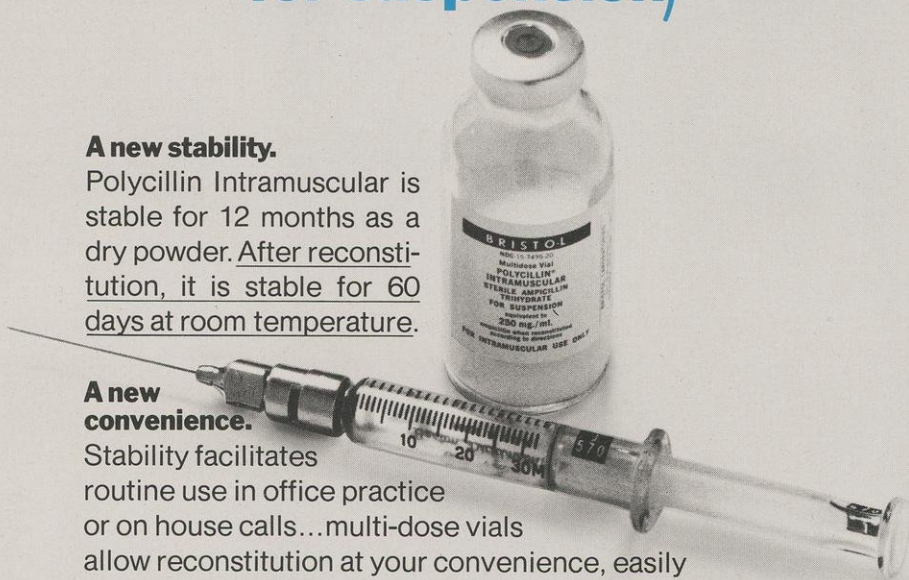
A new stability.

Polycillin Intramuscular is stable for 12 months as a dry powder. After reconstitution, it is stable for 60 days at room temperature.

A new convenience.

Stability facilitates routine use in office practice or on house calls... multi-dose vials allow reconstitution at your convenience, easily carried in your bag... ideal for initial therapy before a transfer to oral medication.

A new economy. Stability permits use of multi-dose vials which substantially reduce the cost of delivering ampicillin by intramuscular injection: each 10-cc. vial (2.5 Gm.) contains 10 doses of 250 mg. or 5 doses of 500 mg.



BRIEF SUMMARY OF PRESCRIBING INFORMATION (1) 3/1/72. For complete information consult Official Package Circular.

Indications: This drug is for intramuscular use only. Ampicillin is indicated in the treatment of susceptible strains of the following organisms in the diseases listed when oral administration of ampicillin is not suitable. Culture and susceptibility studies should be performed. Indicated surgical procedures should be carried out.

Streptococci—upper respiratory infections
Pneumococci—upper and lower respiratory infections, otitis media
Staphylococci (non-penicillinase producing)—skin and soft tissue infections, respiratory tract infections

Enterococci—urinary tract and enteric infections
H. influenzae—upper and lower respiratory infections, otitis media
Proteus mirabilis—urinary tract, enteric and soft tissue infections
Neisseria gonorrhoeae—genitourinary tract infections
Shigella—enteric infections

Salmonella (including *S. typhosa*)—enteric infections
E. coli—genitourinary tract infections, skin and soft tissue infections
This intramuscular form of Polycillin is not recommended for severe infections, namely septicemia and meningitis, in which the higher serum levels attainable with Polycillin-N (sodium ampicillin) are desirable.

Contraindications: A history of allergic reactions to penicillin.

Warning: Anaphylaxis may occur, particularly after parenteral administration and especially in patients with an allergic diathesis. Check for a history of allergy to penicillins, cephalosporins or other allergens. If an allergic or anaphylactic reaction occurs, discontinue ampicillin

and institute appropriate treatment.

Usage in Pregnancy: Safety for use in pregnancy is not established.

Precautions: Mycotic or bacterial superinfections may occur. Cases of gonorrhoea with a suspected primary lesion of syphilis should have darkfield examinations before receiving treatment. In all other cases where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of 4 months. Assess renal, hepatic and hematopoietic function intermittently during long-term therapy.

Adverse Reactions: Untoward reactions include: glossitis, black "hairy" tongue, nausea, vomiting and diarrhea, skin rashes, urticaria, exfoliative dermatitis, erythema multiforme and anaphylaxis (usually with parenteral administration). Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been noted, are usually reversible and are believed to be hypersensitivity phenomena. Moderate elevations in SGOT have been noted.

Usual Dosage: Respiratory Tract Infections: Adults—250 mg. q.i.d. Children—50 mg./Kg./day.

Gastrointestinal and Genitourinary Tract Infections: Adults—500 mg. q.i.d. Children—100 mg./Kg./day.

Urethritis in male adults due to *N. gonorrhoeae*: 500 mg. b.i.d.

Children weighing more than 20 Kg. should be dosed according to the adult recommendations.

BRISTOL

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