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Keflin I.V. advertisement.

[s.l.]: [s.n.], 1974

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On the surgical service...

Clinical confidence earned through experience



Keflin[®] I.V. sodium cephalothin

2 Gm.* in 100-ml. ampoule

The confidence
that comes with 10 years'
experience†

Experience with Keflin has established a record of clinical effectiveness in serious skin and soft-tissue infections, including peritonitis, caused by susceptible strains of staphylococci (both penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, *Escherichia coli*, *Proteus mirabilis*, and *Klebsiella*.

*Equivalent to cephalothin.

†Keflin became available for clinical investigation early in 1962 and to the profession in 1964.

Brief Summary. Consult the package literature for prescribing information.

Indications: Keflin[®] (sodium cephalothin, Lilly) is indicated for the treatment of serious infections caused by susceptible strains of the designated micro-organisms in the diseases listed below:

Skin and soft-tissue infections, including peritonitis, caused by staphylococci (penicillinase and non-penicillinase-producing), group A beta-hemolytic streptococci, *Escherichia coli*, *Proteus mirabilis*, and *Klebsiella*

Contraindication: Previous hypersensitivity to cephalosporins.

Warnings: BEFORE CEPHALOTHIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY IN PENICILLIN-SENSITIVE PATIENTS. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Severe anaphylactoid reactions have been reported with both drugs. Patients with allergy and hypersensitivity should receive antibiotics cautiously and only when necessary.

Usage in Pregnancy—Safety for use during pregnancy has not been established.

Precautions: Patients should be followed carefully to detect any side-effects or drug idiosyncrasy. If an allergic reaction occurs, discontinue the drug and treat the patient with usual agents.

Although alteration in kidney function is rare, evaluation of renal status is recommended. Patients with impaired renal function should be placed on a reduced dosage schedule to prevent excessive serum concentrations. Consult prescribing information.

If thrombophlebitis or superinfection occurs, take appropriate measures. A false-positive reaction for glucose in the urine has been observed with some tests but not with Tes-Tape[®] (urine sugar analysis paper, Lilly).

Adverse Reactions: Maculopapular rash, urticaria, pain, induration, tenderness, elevation of temperature, reactions resembling serum sickness, anaphylaxis, eosinophilia, drug fever, neutropenia, thrombocytopenia, hemolytic anemia, thrombophlebitis, transient rise in SGOT and alkaline phosphatase, rise in BUN, decreased creatinine clearance, and a positive direct Coombs test have been reported.

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Additional information available
to the profession on request.

Eli Lilly and Company
Indianapolis, Indiana 46206