



LIBRARIES
UNIVERSITY OF WISCONSIN - MADISON

Kantrex advertisement.

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

<https://digital.library.wisc.edu/1711.dl/FCEZ7IRFZ7UMD8P>

<http://rightsstatements.org/vocab/InC/1.0/>

The libraries provide public access to a wide range of material, including online exhibits, digitized collections, archival finding aids, our catalog, online articles, and a growing range of materials in many media.

When possible, we provide rights information in catalog records, finding aids, and other metadata that accompanies collections or items. However, it is always the user's obligation to evaluate copyright and rights issues in light of their own use.

SIMPLICITY, EFFICACY, VERSATILITY ON THE PEDIATRIC SERVICE...

take advantage of the **Kantrex**[®] experience
KANAMYCIN SULFATE



Experience in neonatal infections has established Kantrex (kanamycin sulfate), alone or in combination with penicillin or ampicillin, as preferred initial therapy¹⁻⁷ for sepsis and meningitis—even before results of culture and susceptibility studies are known. Significant amounts of Kantrex diffuse widely through blood, urine and other body fluids⁸ and regularly cross the blood-brain barrier,⁹ especially in meningitis.

Eleven years of efficacy in susceptible infections at many sites, in almost any type of patient, comprise the Kantrex experience on the pediatric service. Coverage includes most Gram-negative bacilli (*Pseudomonas* are resistant) and many strains of staphylococci responsible for neonatal infection! Rapid absorption and diffusion should provide prompt therapeutic response in 24-48 hours. If no response occurs within 3-5 days, stop therapy and recheck bacterial susceptibilities.

One simple standardized dose for any patient is another facet of the Kantrex experience. It means you can prescribe Kantrex at 7.5 mg./Kg., I.M., q. 12 h., in patients with normal renal function. And to reduce the risk of nephrotoxicity in patients with impaired renal function, the same dose applies while the time interval between doses increases. Simply follow the "creatinine x 9" formula*.

*For example: If routine serum creatinine measurement is 6 mg./100 ml., multiply by 9; the interval between Kantrex doses is 54 hours.



Low toxic potential within this simple regimen reflects the Kantrex experience in infants and children. However, Kantrex dosage recommendations should not be exceeded, and total therapy should not surpass 15 days. Long-term follow-up of Kantrex-treated infants has revealed no evidence of drug-induced renal or auditory damage.^{7,9}

BRIEF SUMMARY OF PRESCRIBING INFORMATION
(9) 7/27/71
For complete information, consult Official Package Circular.

Warning: The major toxic effect of parenterally administered kanamycin sulfate is its action on the auditory portion of the eighth nerve. High frequency deafness usually occurs first and can be detected by audiometric testing. Tinnitus or vertigo may occur and are evidence of vestibular injury and impending bilateral, irreversible deafness. In such cases, decrease size and frequency of doses. Discontinue kanamycin and check hearing if azotemia increases. Watch carefully for ototoxicity in older patients and patients receiving more than 15 Gm. of kanamycin. To avoid neuromuscular paralysis with respiratory depression, postpone intraperitoneal instillation in postoperative patients until recovery from anesthesia and muscle relaxants is complete. Avoid concurrent use of other ototoxic drugs including ethacrynic acid and furosemide. Safety in pregnancy is not established.

Indications: Serious infections due to susceptible strains of *E. coli*, *Proteus* sp., *Enterobacter aerogenes*, *K. pneumoniae*, *Serratia marcescens* and *Mima-Herellea*. Culture and sensitivity studies should be performed.

Contraindications: A history of hypersensitivity to the drug. Prior auditory damage by kanamycin or other agents may be a contraindication if effective, alternative therapy is available.

Precautions: Obtain audiograms before and during therapy in patients with renal dysfunction when treatment lasts more than 5 days. Stop Kantrex if tinnitus or hearing loss occurs. Hydrate patients to prevent chemical irritation of the renal tubules. Assess renal function periodically, both before and during therapy. If signs of renal irritation occur (casts, cells, proteinuria) increase hydration and reduce the dosage or the frequency of dosage if necessary. In azotemic patients, the frequency (in hours) of doses may be obtained by multiplying the serum creatinine by 9. If azotemia or oliguria occur, discontinue therapy. Mycotic or bacterial superinfection may occur.

Adverse Reactions: Irritation or pain at the injection site, skin rash, drug fever, headache and paresthesias.

Dosage and Administration: The usual dose is 7.5 mg./Kg./12 hours I.M. The average dose is 1 Gm. daily for adults and children. The maximum total daily adult dose should not exceed 1.5 Gm. by all routes of administration. Uncomplicated infections due to sensitive organisms should respond in 24 to 48 hours. If no response occurs in 3 to 5 days, stop therapy and recheck the bacterial sensitivities. Hydrate patients well to minimize renal irritation. Inject deeply into the upper outer quadrant of the gluteal muscle. Discard partially used vials after 48 hours. The drug should not be physically mixed with other antimicrobials.

Supplied: Rubber capped vials as a ready-to-use sterile aqueous solution in two concentrations: 0.5 Gm. in 2 ml., 1.0 Gm. in 3 ml. Also available—Pediatric Injection 75 mg. in 2 ml. **A.H.F.S. Category 8:12.28**

References: 1. Eichenwald, H.F.: *Hosp. Pract.* 2:51 (April) 1967. 2. Kagan, B.M.: *Ann. New York Acad. Sc.* 132:1015 (June 14) 1966. 3. Ross, S., *Ibid.*, p. 992. 4. Nelson, J.D.: *Ibid.*, p. 1017. 5. Light, I.J.: *Postgrad. Med.* 41:373 (April) 1967. 6. Yow, M.D., and Taber, L.H.: *Mod. Treat.* 4:898 (Sept.) 1967. 7. Keitel, H.G.: *Pediat. Clin. North America* 12:197 (May) 1965. 8. Eichenwald, H.F.: *Ann. New York Acad. Sc.* 132:984 (June 14) 1966. 9. Weinstein, L., in Goodman, L.S., and Gilman, A. (Eds.): *The Pharmacological Basis of Therapeutics*, ed. 4, New York, The Macmillan Co., 1970, pp. 1285-1287.

Kantrex® **KANAMYCIN SULFATE** **Injection**

BRISTOL

BRISTOL LABORATORIES
Division of Bristol-Myers Company
Syracuse, New York 13201