## ANTIBIOTIC MEDICATIONS (REFERENCE)



## CEFTRIAXONE

Used by Combat Medics (CM)

Cephalosporin, beta-lactam antibiotic, CNS-penetrating

Recommended for all open combat wounds if unable to take PO meds and Ertapenem unavailable, or if CNS penetration required.

DOSAGE(S):

2 g IV/IO slow push (5 min) every 24 hours;

2 g IM deep intragluteal every 24 hours, max 1 g per injection site

ROUTE(S):

IV, IO, IM

CONTRAINDICATIONS:

Known hypersensitivity, associate with tendinitis and tendon ruptures - discontinue if any muscle or tendon/ligament pain occurs

POTENTIAL SIDE EFFECTS:

Anaphylaxis, anemia, bronchospasm, candidiasis, diaphoresis, dizziness, induration folliwng IM injection, eosinophilia, headache, leukocytosis, nausea, phlebitis, pruritis, thrombocytosis, diarrhea, elevated transaminases, leukopenia, rash

DRUG
INTERACTIONS:

Calcium (acetate, carbonate, chloride, citrate, or gluconate), BCG vaccine (live), enoxaparin, heparin, typohoid vaccine (live), consider lidocaine max dose if used as solvent for IM injection

ONSET/PEAK/DURATION: 30 sec-5 min (IV<IO<IM)/30 min-2 hr/24 hr

<u>TACTICAL CONSIDERATIONS</u>: Alternate antibiotic given if Ertapenem is unavailable. Minimal to no mission impact, unless dizziness as side effect occurs. Recommended for treatments requiring CNS penetration. For IV/IO reconstitute with 19.2 ml Sterile Water for Injection; for IM 4.4 ml 1.0% lidocaine without epinephrine. Do NOT mix with any calcium-containing solution e.g. Ringer's solution or Ringer's Lactate, will cause particulate formation.

