ANTIBIOTIC MEDICATIONS (REFERENCE)



CLINDAMYCIN

Used by Combat Medics (CM)

Lincosamide antibiotic

Recommended for beta-lactam allergies, or all open combat wounds if Moxifloxacin or Ertapenem unavailable.

DOSAGE(S):

450 mg PO every 8 hours; 900 mg IM every 8 hours, max 600mg per injection site; 900 mg IV/IO infusion every 8 hours, max rate 30mg/minute (30 minutes minimum for 900mg) to prevent potential hypotension/cardiac arrest/ ventricular dysrhythmia



ROUTE(S):

PO, IV, IO, IM

CONTRA-INDICATIONS:

Known hypersensitivity, risk of potentially fatal pseudomembranous colitis - discontinue if significant abdominal cramps, nausea, or passage of blood or mucous occurs

POTENTIAL SIDE EFFECTS:

Abdominal pain, agranulocytosis, eosinophilia, diarrhea, fungal overgrowth, psuedomembranous colitis, hypersensitivity, Stevens-Johnson syndrome, rashes, urticaria, hypotension, nausea, vomiting, thrombophlebitis, neutropenia, thrombocytopenia, polyarthritis, renal dysfunction

DRUG
INTERACTIONS:

BCG vaccine (live), cholera vaccine, pancuronium, rapacuronium, rocuronium, succinylcholine, typhoid vaccine (live), vecuronium

ONSET/PEAK/DURATION: 5 min-1 hr (IV<IO<IM<PO)/30 min-3 hr/8 hr

TACTICAL CONSIDERATIONS: Alternate antibiotic given if Moxifloxacin or Ertapenem are unavailable. Minimal to no mission impact. For IV/IO infusion reconstitute with 50 ml NS, D5W, or Ringer's Lactate.