CHLOROMYCETIN
(CHLORAMPHENICOL)

(1) In most cases therapy with chloramphenicol had been instituted wi the first 48 hours of life.

(2) Symptoms first appeared after 3 to 4 days of continued treatment v high doses of chloramphenicol.

(3) The symptoms appeared in the following order:
(a) abdominal distension with or without emesis;
(b) progressive pallid cyanosis;
(c) vasomotor collapse, frequently accompanied by irregular respirati
(d) death within a few hours of onset of these symptoms.

(4) The progression of symptoms from onset to exitus was accelerated v higher dose schedules.

(5) Preliminary blood serum level studies revealed unusually high concen tions of chloramphenicol (over 50 mcg./ml. after repeated doses).

(6) Termination of therapy upon early evidence of the associated sym matology frequently reversed the process with complete recovery.

DOSAGE AND ADMINISTRATION

DOSAGE RECOMMENDATIONS FOR ORAL CHLORAMPHENICOL PREPARATIONS

The majority of microorganisms susceptible to chloramphenicol will respo to a concentration between 5 and 20 mcg./ml. The desired concentration active drug in blood should fall within this range over most of the treatm period. Dosage of 50 mg./kg./day divided into 4 doses at intervals of 6 ho will usually achieve and sustain levels of this magnitude.

Except in certain circumstances (e.g., premature and newborn infants a individuals with impairment of hepatic or renal function) lower doses may achieve these concentrations. Chloramphenicol, like other potent drugs, sho be prescribed at recommended doses known to have therapeutic activity. Cl observation of the patient should be maintained and in the event of any adve reactions, dosage should be reduced or the drug discontinued, if other fact in the clinical situation permit.

Adults

Adults should receive 50 mg./kg./day (approximately one 250 mg. capsule each 10 lbs. body weight) in divided doses at 6-hour intervals. In exceptio cases patients with infections due to moderately resistant organisms may quire increased dosage up to 100 mg./kg./day to achieve blood levels inhibit the pathogen, but these high doses should be decreased as soon as possi Adults with impairment of hepatic or renal function or both may have redu ability to metabolize and excrete the drug. In instances of impaired metab processes, dosages should be adjusted accordingly. (See discussion un Newborn Infants.) Precise control of concentration of the drug in the bl should be carefully followed in patients with impaired metabolic processes the available microtechniques (information available on request).

Children

Dosage of 50 mg./kg./day divided into 4 doses at 6-hour intervals yields bl levels in the range effective against most susceptible organisms. Severe in tions (e.g., bacteremia or meningitis), especially when adequate cerebrosp fluid concentrations are desired, may require dosage up to 100 mg./kg./c however, it is recommended that dosage be reduced to 50 mg./kg./day as s