

Newborn Infants

(See section titled "Gray Syndrome" under "Adverse Reactions.")

A total of 25 mg./kg./day in 4 equal doses at 6-hour intervals usually produces and maintains concentrations in blood and tissues adequate to control most infections for which the drug is indicated. Increased dosage in these individuals, demanded by severe infections, should be given only to maintain the blood concentration within a therapeutically effective range. After the first two weeks of life, full-term infants ordinarily may receive up to a total of 50 mg./kg./day equally divided into 4 doses at 6-hour intervals. These dosage recommendations are extremely important because blood concentration in all premature infants and full-term infants under two weeks of age differs from that of other infants. This difference is due to variations in the maturity of the metabolic functions of the liver and the kidneys.

When these functions are immature (or seriously impaired in adults), high concentrations of the drug are found which tend to increase with succeeding doses.

Infants and Children with Immature Metabolic Processes

In young infants and other children in whom immature metabolic functions are suspected, a dose of 25 mg./kg./day will usually produce therapeutic concentrations of the drug in the blood. In this group particularly, the concentration of the drug in the blood should be carefully followed by microtechniques. (Information available on request.)

PARKE, DAVIS & COMPANY

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DETROIT, MICHIGAN, U.S.A.

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