

**Recommended dosing regimens of Ceftazidime, produced by Kraspharma OJSC,  
in patients with normal renal function**

Indication	Daily dose regimen	Way of administration	Duration of treatment
Post-operative or post-traumatic meningitis	Adults: 2 g every 8 hours	IV	21 days
	+/- vancomycin 500-750 mg every 6 hours	IV	
	Children at the age of 0-7 days: 30 mg/kg every 12 hours +/- vancomycin 15 mg/kg as first loading dose, then 12 mg/kg every 12 hours	IV	
	Children at the age of 7-28 days: 30 mg/kg every 8 hours +/- vancomycin 15 mg/kg as first loading dose, then 12 mg/kg every 8 hours	IV	
	Children from 1 mon. to 12 years old: 50 mg/kg every 8 hours +/- vancomycin 15 mg/kg every 6 hours	IV	
Nosocomial pneumonia	Adults: 2 g every 8 hours +/- amikacin 15-20 mg/kg/day in 1 to 2 divided doses	IV or IM	14-21 days (up to 42 days in pneumonia cause by <i>Pseudomonas</i> )
	Children: 100-150 mg/kg/day in 3 injections	IV or IM	
		IV or IM	

	+/- amikacin 15-20 mg/kg/day in 1 to 2 divided doses		
Pulmonary infections in patients with cystic fibrosis	Adults: 2 g every 6-8 hours +/- tobramycin 3-5 mg/kg/day in 1 to 2 divided doses <i>or</i> +/- tobramycin powder/inhalation solution, 112 mg/300 mg every 12 hours Children: 50 mg/kg every 8 hours + tobramycin 3-5 mg/kg/day in 1 to 2 divided doses <i>or</i> +/- (for children over 6 years old) tobramycin powder/inhalation solution, 112 mg/300 mg every 12 hours	IV IV or IM inhalation IV IV or IM inhalation	21 days 21 days 28 days 21 days 21 days 28 days
Nosocomial sinusitis and otitis media associated with mechanical ventilation	Adults: 2 g every 8 hours Children: 100-150 mg/kg/day in 3 equally divided doses	IV or IM	7-10 days
Burn wound infections Burn sepsis	Adults: 2 g every 8 hours + vancomycin 500-750 mg every 6 hours +/- amikacin 15	IV IV IV	10-14 days

	mg/kg/day in 1 to 2 divided doses	IV	
	Children: 100-150 mg/kg/day in 3 equally divided doses	IV	
	+ vancomycin 15 mg/kg every 6 hours	IV	
	+/- amikacin 15 mg/kg/day in 1 to 2 divided doses		
Intra-abdominal infections, including secondary community-acquired peritonitis and post- operative peritonitis	Adults: 2 g every 8 hours + metronidazole 0.5 g every 8 hours	IV IV IV	7-10 days
	Children: 100-150 mg/kg/day in 3 equally divided doses	IV	
	+ metronidazole 7.5 mg/kg every 8 hours		
Febrile neutropenia	Adults: 2 g every 8 hours + amikacin 15 mg/kg/day in 1 to 2 divided doses	IV IV	7-10 days, or until resolution of neutropenia
	+/- vancomycin 500- 750 mg every 6 hours	IV	
	Children: 50 mg/kg every 8 hours	IV	
	+ amikacin 15 mg/kg/day in 1 to 2 divided doses	IV	
	+/- vancomycin 15 mg/kg every 6 hours	IV	
Endophthalmitis	2.25 mg* single dose <i>or</i> 100 mg* once a day	Intravitreally  Subconjunctivally	3-5 days

***\* Rules for preparation of solutions of Ceftazidime for ophthalmological practice:***

1. Intravitreal injection (stage by stage)

A. To the vial with 500 mg of ceftazidime powder add 10 ml of 0.9% sodium chloride solution; ceftazidime concentration in this solution is about 50 mg/ml

B. Take 1 ml (about 50 mg of ceftazidime) of the solution obtained at the first stage in a syringe and dilute with 1.2 ml of 0.9% sodium chloride solution; ceftazidime concentration in this solution is about 22.7 mg/ml

C. Take 0.1 ml of the solution obtained at the previous stage in an insulin syringe

D. Inject 0.1 ml of the solution (about 2.27 mg of ceftazidime) intravitreally

2. Subconjunctival injection (stage by stage)

A. To the vial with 500 mg of ceftazidime powder add 2.5 ml of 0.9% sodium chloride solution; ceftazidime concentration in this solution is about 200 mg/ml

B. Take 0.5 ml (about 100 mg of ceftazidime) of the solution obtained at the first stage in a syringe and inject subconjunctively

3. Eye drops

A. To the vial with 500 mg of ceftazidime powder add 9.6 ml of “tear substitute” or 0.9% sodium chloride solution; ceftazidime concentration in this solution is about 50 mg/ml; instillation in the affected eye with a 1 hour interval.