



จดหมายข่าว

กลุ่มงานเภสัชกรรม โรงพยาบาลสมเด็จพระยุพราชสว่างแดนดิน จังหวัดสกลนคร

Fosfomycin sodium: Dose adjustment in patients with kidney impairment



Fosfomycin sodium

รูปแบบยา: powders for solutions for injections or infusions

ความแรง: 4 gm/vial

Mechanism of action: Inhibition of the synthesis of cell wall peptidoglycan

In vitro activity:

Gram positive: *S. aureus* (including MRSA), *S. epidermis*, *S. pneumoniae*,*E. faecalis*, VREGram negative: ESBL-producing Enterobacteriaceae, CRE, MDR-*P. aeruginosa*Anaerobe: *Peptococcus* spp., *Peptostreptococcus* spp.

แนะนำให้ใช้ combination เพื่อป้องกันการดื้อยา

ขนาดยา

Indication	Daily dose (gm/day) (maximum 8 gm/dose)
Blood stream infection	12-24
Bone and joint infection	12-24
Infective endocarditis	12-24
Complicated intra-abdominal infection	12-24
Hospital-acquired or Ventilator-associated pneumonia	12-24
Complicated skin and soft tissue infection	12-24
Complicated urinary tract infection	12-24
Bacterial meningitis	16-24

การปรับขนาดยาตามการทำงานของไต

CrCl ^a (ml/min)	% of indication – specific recommended daily dose to be administered	Frequency	Example: Full dose 12 gm/day	Example: Full dose 16 gm/day
40 - 130	100%	2 to 4 divided doses	4 gm IV q 8 h	4 gm IV q 6 h
30 - 39 ^b	75% (70% to 80%)	2 to 3 divided doses	3 gm IV q 8 h	4 gm IV q 8 h
20 - 29 ^b	60% (50% to 70%)	2 to 3 divided doses	4 gm IV q 12 h	4 gm IV q 12 h
10 - 19 ^b	40% (30% to 50%)	2 to 3 divided doses	3 gm IV q 12 h	2 gm IV q 8 h
<10 ^b	20% (20% to 30%)	1 to 2 divided doses	3 gm IV q 24 h	2 gm IV q 12 h
Hemodialysis	2 to 4 gm then 2 to 4 gm after HD (3 times weekly)			
Peritoneal dialysis	2 to 4 gm q 48 h			

a Estimated using the Cockcroft-Gault formula (manufacturer's labeling).

b The initial (loading) dose should be increased to twice the maintenance dose; not to exceed 8 g (manufacturer's labeling). For example, if the maintenance 4 gm then the loading dose should be 8 g

