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# Dicloxacillin (Dynapen)

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## Body as a Whole

). Sensitization is usually the result of treatment, but some **WARNINGS** The reported incidence of allergic reactions to penicillin ranges from 0.7% to 10% (see individuals have had immediate reactions to penicillin when first treated in such cases it is thought that the patients may have had prior exposure to the drug via trace amounts present in milk and vaccines.

Two types of allergic reactions to penicillin are noted clinically immediate and delayed.

Immediate reactions usually occur within 20 minutes of administration and range in severity from urticaria and pruritus to angioneurotic edema, laryngospasm, ) and usually occur after parenteral **WARNINGS** bronchospasm, hypotension, vascular collapse and death. Such immediate anaphylatic reactions are very rare (see therapy, but have occurred in patients receiving oral therapy. Another type of immediate reaction, an accelerated reaction, may occur between 20 minutes and 48 hours after administration and may include urticaria, pruritus and fever. Although laryngeal edema, laryngospasm and hypotension occasionally occur, fatality is uncommon.

Delayed allergic reactions to penicillin therapy usually occur after 48 hours and sometimes as late as two to four weeks after initiation of therapy. Manifestations of this type of reaction include serum sickness-like symptoms (ie, fever, malaise, urticaria, myalgia, arthralgia, abdominal pain) and various skin rashes. Nausea, vomiting, diarrhea, stomatitis, black or hairy tongue and other symptoms of gastrointestinal irritation may occur, especially during oral penicillin therapy .

## Nervous System REACTIONS

Neurotoxic reactions similar to those observed with penicillin G may occur with large intravenous doses of the penicillinase-resistant penicillins, especially with patients with renal insufficiency.

## Urogenital REACTIONS

Renal tubular damage and interstitial nephritis have been associated with the administration of methicillin sodium and infrequently, with the administration of nafcillin and oxacillin. Manifestations of this reaction may include rash, fever, eosinophilia, hematuria, proteinuria and renal insufficiency. Methicillin-induced nephropathy does not appear to be dose-related and is generally reversible upon prompt discontinuation of therapy.

## Metabolic REACTIONS

Agranulocytosis, neutropenia and bone marrow depression have been associated with the use of methicillin sodium and nafcillin.

Hepatotoxicity, characterized by fever, nausea and vomiting associated with abnormal liver function tests, mainly elevated SGOT levels, has been associated with the use of oxacillin.

RECOMENDED DOSAGES FOR DICLOXACILLIN IN MILD TO MODERATE AND SEVERE INFECTIONS				
CHILDREN		ADULTS		DRUG
Severe	Mild to Moderate	Severe	Mild to Moderate	
25 <sup>b</sup> mg/kg/day in equally divided doses every 6 hours	12.5 <sup>b</sup> mg/kg/day equally divided doses every 6 hours	250 mg every 6 hours	125 mg every 6 hours	Dicloxacin
Patients weighing less than 40 kg (88 lbs.) <sup>b</sup>				

