DRUG CARDS | DAILY

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NAME(S): **Generic:** cephalexin (sef a LEKS in) | **Brand:** Keflex

PHARMACOLOGIC & THERAPEUTIC CLASS: Antibiotic | Beta-Lactam Antibiotic | First Generation Cephalosporin

DOSAGE FORM & STRENGTH:

- **Capsules**: 250 mg, 500 mg, 750 mg | **Suspension**: 125 mg/5 mL, 250 mg/5 mL | **Tablet**: 250 mg, 500 mg

INDICATION(S) & DOSING(S): **ADULTS**

1. **Bacterial Infections:** Tx Dose 1000-4000 mg/day PO divided q6-12h. Max of 4000 mg/day w/ duration based on the type of infection and the severity.
2. **Streptococcal Pharyngitis ("Strep Throat"):** Tx Dose 500 mg PO q12h for 10 days.
3. **Uncomplicated Urinary Tract Infection (UTI):** Not 1st line. Tx Dose 500 mg PO q6-12h for 3-7 days. Alternative dosing 250-500 mg PO q6h for 3-7 days.
4. **Bacterial Skin and Skin Structure Infections (SSSI):** Tx Dose 250-500 mg PO q6-12h for 5-7 days w/ duration extension based on clinical response from the patient.

- OFF LABEL | **Dental Endocarditis Prophylaxis:** Tx Dose 2000 mg PO for 1 dose 30-60 min before procedure.

INDICATION(S) & DOSING(S): **PEDIATRICS** (1 month and older)

1. **Bacterial Infections:** Tx Dose 25-50 mg/kg/day PO divided q6-12h w/ a max of 4000 mg/day with the duration based on infection type and severity. For SEVERE infections Tx Dose 50-100 mg/kg/day PO divided q6h.
2. **Streptococcal Pharyngitis:** Tx Dose 40 mg/kg/day PO divided q12h for 10 days w/ a max of 500 mg/dose.
3. **Uncomplicated Urinary Tract Infection (UTI):** Tx Dose 25-50 mg/kg/day PO divided q12h for 7-10 days.
4. **Bacterial Skin and Skin Structure Infections (SSSI):** Tx Dose 25-50 mg/kg/day PO divided q6-8h for 5-7 days with duration extension based on clinical response.

- OFF LABEL | **Dental Endocarditis Prophylaxis:** Tx Dose 50 mg/kg/dose PO for 1 dose 30-60 min before procedure w/ a max of 2000 mg/dose.

MECHANISM OF ACTION & PHARMACOLOGY

- **MOA:** Cephalexin binds to penicillin-binding proteins (PBPs) which inhibits bacterial cell wall synthesis by preventing the final transpeptidation step during peptidoglycan synthesis. The inhibition of the bacterial cell wall causes the cell to rupture or lyse. | 90% of the drug is rapidly **absorbed** in young children but decreases by up to 50% in neonates. | There is wide **distribution** into most tissues but there is poor CSF penetration. | >90% is **excreted** in the urine as the unchanged drug w/in 8 hours. | The **time to peak** in the serum is approximately 1 hour. | The **half-life elimination** in neonates is 5 hours; children 3mo-1yr is 2.5 hours; and in adults it is b/t 0.5-1.2 hours. | Only 10-15% **protein bound**.

SPECIAL POPULATIONS & CONSIDERATIONS

- **Renal Impairment (Adults):** If q6h regimen. If CrCl is b/t 50-90 use the usual dose w/ duration extended b/t q6-8h. If CrCl is b/t 10-50 use the usual dose w/ duration extended b/t q8-12h. If CrCl <10 use normal dose w/ duration extended b/t q12-24h. If not q6h regimen consider duration extensions. Check literature for Pediatrics but the general recommendation is an extension between dose frequencies. | **Hemodialysis (Adults)**: If q6h

regimen. Usual dose but dose given after dialysis w/ duration of q12-24h. Check literature for Pediatrics but the general recommendation is an extension between dose frequencies. | **Contraindications & Cautions in following patients:** Hypersensitivity to PCNs (especially anaphylaxis, edema, urticaria); Renal impairment; Recent Abx-associated colitis hx; & Seizure disorders. Caution in pts on warfarin due to possible INR elevation. | **Pregnancy**: May use. Crosses placenta. An inc'd risk of birth defects and adverse outcomes have not been observed. | **Lactation**: May use. No known risk but may cause diarrhea in infant.

SIDE EFFECTS

- **Common**: Abdominal pain, gastritis, n/v/d
- **Serious**: C. diff-associated diarrhea, anaphylaxis, agranulocytosis, neutropenia, thrombocytopenia, and cholestatic jaundice.

DRUG INTERACTIONS

- **Considerations for DI:** OAT 1&3 substrate, OAT2 inhibitor, anticoagulant effect, binds to polyvalent cations, alters GI flora, and affected by slowed GI emptying.
- **Some contraindicated and drug(s) of note:** Do not use dofetilide. Avoid probenecid. Caution w/ alteplase, apixaban, estradiol, doxycycline, and warfarin.

MONITORING PARAMETERS

- CBCs, Cr, and LFTs if prolonged treatment. S/sx of anaphylaxis during first dose.

PATIENT COUNSELING INFORMATION

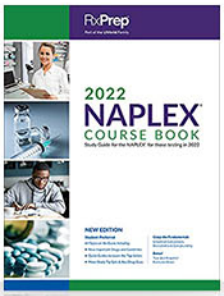
- Cephalexin is used to treat patients with **bacterial infections**.
- Most common side effects are n/v/d and abdominal pain.
- After reconstitution of the suspension, cephalexin is to be **refrigerated** and **discarded after 14 days.**

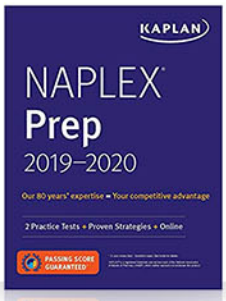
REFERENCE(S) & RESOURCE(S)

1. https://online.epocrates.com/drugs/84010/Keflex/Monograph
2. https://www.drugs.com/ppa/cephalexin.html
3. https://www.webmd.com/drugs/2/drug-11757/cephalexin-oral/details

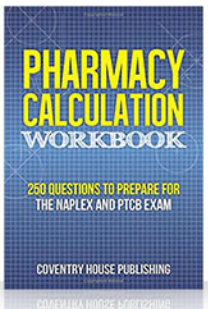
PREPARE FOR SUCCESS!

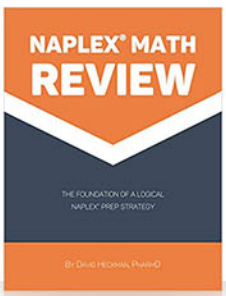
Comprehensive (NAPLEX)

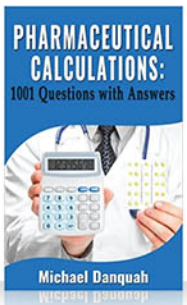


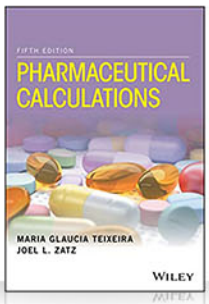


Calculations (NAPLEX)

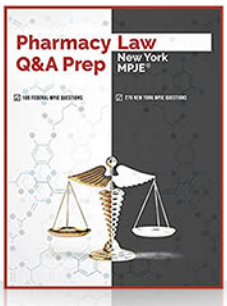


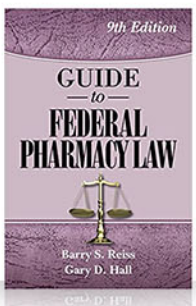




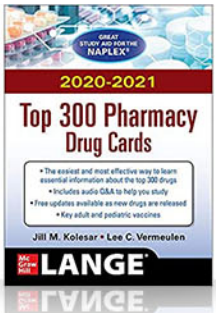


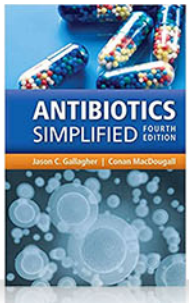
Pharmacy Law (MPJE)

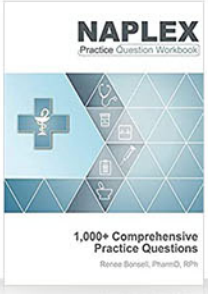


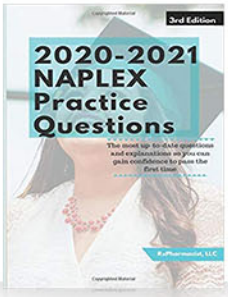


Supplemental









DISCLAIMERS

DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

*HEY **NEW GRAD!***

So you landed that perfect job offer or got the perfect match for your PGY1 and now the ***ONLY*** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to ***pass the first time!***

*HEY **STUDENT!***

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

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