CENZOX-1G INJECTION (CEFTRIAXONE 1G)

PATIENT & HEALTHCARE PROFESSIONAL INFORMATION

USES

Ceftriaxone 1g Injection is a broad-spectrum, third-generation **cephalosporin antibiotic**. It is used to treat serious, susceptible **bacterial infections** by inhibiting bacterial cell wall synthesis, leading to bacterial cell death.

CRITICAL NOTE: This is a **PRESCRIPTION-ONLY** medication for **SERIOUS INFECTIONS**. It is **NOT EFFECTIVE** against viral infections (e.g., cold, flu). Inappropriate use promotes antibiotic resistance.

DOSAGE & ADMINISTRATION

- **HEALTHCARE PROFESSIONAL ADMINISTRATION ONLY:** Must be administered by a doctor or nurse via **Intravenous (IV)** or **Intramuscular (IM)** injection/ infusion.
- **DOSING:** Dose, route, and duration are strictly determined by the treating physician based on infection type, severity, and patient factors (age, kidney/liver function).
- **RECONSTITUTION:** The 1g vial must be reconstituted with the provided 10ml Water for Injection (WFI) or as per protocol. Different volumes/diluents are used for IV vs. IM administration.
- COMPLETE THE COURSE: The full prescribed course must be completed, even if symptoms improve.
- IMPORTANT: CALCIUM-CONTAINING PRODUCTS
 WARNING: Ceftriaxone MUST NOT be mixed or administered simultaneously with calcium-containing IV solutions (e.g., Ringer's, Hartmann's, TPN) in NEONATES (≤28 days) due to risk of fatal precipitation in lungs/kidneys. A similar risk may exist in other patients.

INDICATIONS

Ceftriaxone is indicated for serious infections including:

- **Severe Respiratory Infections** (Pneumonia, Empyema)
- Complicated Urinary Tract Infections (UTIs)
- Intra-abdominal Infections (Peritonitis)
- Bacterial Meningitis

- Septicemia
- Bone and Joint Infections
- **Skin and Soft Tissue Infections** (Severe cellulitis, wound infections)
- **Gonorrhea** (Uncomplicated)
- Typhoid Fever

SIDE EFFECTS

COMMON SIDE EFFECTS:

- Pain, induration, or phlebitis at the injection site.
- Diarrhea, nausea, rash.

SERIOUS SIDE EFFECTS – REQUIRING IMMEDIATE MEDICAL ATTENTION:

- **Severe Allergic Reactions:** Rash, hives, itching, swelling of face/lips/tongue, wheezing, difficulty breathing, anaphylaxis.
- **Severe Diarrhea / Watery or Bloody Stools:** May indicate *Clostridioides difficile*-associated colitis.
- **Signs of Blood Disorders:** Unexplained bruising/bleeding, severe fatigue, frequent infections, pale skin.
- **Liver/Kidney Problems:** Dark urine, yellowing of skin/eyes (jaundice), severe abdominal pain, significant change in urine output.
- Neurological Effects: Seizures (especially in renal impairment).

CONTRAINDICATIONS & WARNINGS

ABSOLUTELY CONTRAINDICATED IN:

- Patients with a known **severe hypersensitivity** to Ceftriaxone, other cephalosporins, or any component.
- History of severe allergic reaction (e.g., anaphylaxis) to any beta-lactam antibiotic (e.g., penicillins, other cephalosporins, carbapenems).
- Neonates (≤28 days) receiving or expected to need calcium-containing IV solutions.

USE WITH EXTREME CAUTION UNDER MEDICAL SUPERVISION IN:

 Patients with significant hepatic or renal impairment (dose adjustment required).

- Patients with a history of gastrointestinal disease, especially colitis.
- Patients with **vitamin K deficiency** or on anticoagulants (may affect prothrombin time).
- Gallbladder Sludge or Pseudolithiasis (may occur, especially in children).

STORAGE & HANDLING

- **UNRECONSTITUTED VIAL:** Store below **25°C (77°F)**. Protect from light and moisture. Keep in original carton.
- RECONSTITUTED SOLUTION: Chemical and physical stability is time- and temperature-dependent.
- **USE IMMEDIATELY** after reconstitution/dilution is recommended for optimal stability and to minimize infection risk.
- If not used immediately, follow specific aseptic handling and storage conditions (e.g., refrigerated at 2-8°C for up to 24 hours) as per institutional protocol or manufacturer's instructions.
- KEEP OUT OF REACH AND SIGHT OF CHILDREN.

Disclaimer: This information is for educational purposes and is intended for both patients and healthcare professionals. It is **NOT** a substitute for professional medical judgment, diagnosis, or treatment. Administration must be performed under the direct supervision of a qualified healthcare professional. Always refer to the official approved prescribing information for complete details.