Penbritin for injection : broad spectrum penicillin.

PENBRITIN

REGD.

FOR INJECTION

SODIUM AMPICILLIN

BROAD SPECTRUM PENICILLIN

Infections due to Gram negative organisms including E. coli, Proteus, Salmonellae, Shigellae, Haemophilus influenzae, Klebsiella pneumoniae and Neisseria. Penbritin is also active against Gram positive organisms including Staphylococci (penicillin G sensitive), Streptococci including group D, enterococci, Strep. pneumoniae and Clostridia.

INDICATIONS

Penbritin injectable is primarily indicated for the treatment of conditions not amenable to oral therapy due to one or a combination of the following factors:

Cases of poor absorption:

- following bowel surgery or shock.

Where there are difficulties of administration:

- in infants and in vomiting or comatose patients.

In the presence of severe infection where it would be unwise to rely on an oral preparation for quick response:

- severe or localised septicaemic conditions
peritonitis
osteomyelitis
intractable urinary infections associated with gross abnormality of the renal tract
puerperal sepsis
endocarditis due to sensitive Gram negative bacteria, group D streptococci and enterococci
severe chronic bronchitis

DOSAGE

Intramuscular 500 mg. dissolved* in 1.5 ml. 'Water for Injection' B.P., 4 – 6 hourly, depending on the severity of the condition.

Intravenous 500 mg. dissolved* in 20 – 30 ml. normal saline or 'Water for Injection' B.P. should be given by slow injection. Penbritin may also be added to infusion fluids or injected, suitably diluted, into the drip tube.

Pædiatric Dosage 25 – 50 mg./Kg. body weight daily given in divided doses by either intramuscular or intravenous routes.

Intrathecal The intrathecal use of Penbritin is still being evaluated. Successful results have been obtained using doses of 10 – 40 mg. daily for adults and 3 – 5 mg. daily for infants and young children.

STABILITY

Penbritin Injection is unstable in concentrated solution and vials made up for intramuscular use should be administered immediately. Infusion bottles containing Penbritin should be used within eight hours and changed if the solution becomes cloudy.

* Shake vigorously immediately after adding diluent to the powder.

BLOOD LEVELS

Following 500 mg. intramuscular administration blood levels in the following range are obtained:

Serum concentrations (*ug./ml.*)

½ hr.	1 hr.	2 hr.	4 hr.	6 hr.
13.7	12.7	7.5	2.2	0.48

60% of the injected dose is excreted in the urine over the 0 – 6 hour period.

CONTRA-INDICATIONS

Penbritin is not active in infections caused by penicillinase-producing organisms.

Penbritin should not be given to patients with a penicillin allergy.

AVAILABILITY

Vials containing the equivalent of 500 mg. ampicillin, packed in cartons of 5 and 25 vials. Expiry date for dry powder is 15 months from manufacture.

Penbritin is also available as: **Capsules,** containing 250 mg. ampicillin. **Pædiatric Tablets,** containing 125 mg. ampicillin. **Syrup,** 60 ml, each 5 ml. teaspoonful containing 125 mg. ampicillin.

REFERENCES

A full list of 135 references is available on request.

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11 Stewart, G. T., *et al*, *Brit. med. J.*, (1961), *ii*, 200.

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Introduction date of Penbritin: July 1961. Introduction date of Penbritin for Injection: September 1963.

OTHER INDICATIONS FOR BRL PENICILLINS

CELBENIN (methicillin sodium B.P.)
Injection
Resistant Staphylococcal Infections

ORBENIN (sodium cloxacillin)
Capsules and Injection B.N.F. Syrup.
Resistant Staphylococcal Infections

PENBRITIN (ampicillin B.N.F.)
Capsules, Pædiatric Tablets, Syrup.
Chronic Bronchitis
Urinary Tract Infections
Gastro-Intestinal Infections

BROXIL (phenethicillin potassium B.P.C.)
Capsules, Tablets, Syrup.
Boils, Carbuncles, Otitis Media
Wound and Skin Infections
Tonsillitis and Laryngitis
Lobar and Broncho pneumonia

BROCILLIN (potassium propicillin)
Capsules, Tablets, Syrup.
Tonsillitis and Laryngitis
Lobar and Broncho-pneumonia
Otitis Media, Boils and Carbuncles
Wound and Skin Infections

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