



## Bonus Monographs



### Sulfisoxazole

(sul-fih-**SOX**-ah-zohl)

**PREGNANCY CATEGORY: C**  
**CLASSIFICATION(S):**

Antibiotic, sulfonamide

### Sulfisoxazole diolamine

(sul-fih-**SOX**-ah-zohl)

**PREGNANCY CATEGORY: C**

**SEE ALSO SULFONAMIDES.**

**ACTION/KINETICS**

$t_{1/2}$ : 5.9 hr.

**USES**

(1) UTIs caused by *Escherichia coli*, *Klebsiella*, *Enterobacter*, *Staphylococcus aureus*, *Proteus mirabilis*, and *Proteus vulgaris*. (2) Chancroid. (3) Inclusion conjunctivitis. (4) Adjunct to treat chloroquine-resistant strains of *Plasmodium falciparum*. (5) Meningitis caused by *Haemophilus influenzae*, meningococcal meningitis for sulfonamide-sensitive group A strains. (6) Nocardiosis. (7) With penicillin to treat acute otitis media caused by *H. influenzae*. (8) Adjunct with pyrimethamine for toxoplasmosis in selected immunocompromised clients (e.g., those with AIDS, neoplastic disease, or congenital immune compromise). (9) Ophthalmically as an adjunct with systemic sulfonamides to treat trachoma.

**ADDITIONAL CONTRAINDICATIONS**

Use in infants less than 2 months of age except as adjunct with pyrimetha-

mine to treat congenital toxoplasmosis. Use in the presence of epithelial herpes simplex keratitis, vaccinia, varicella, and other viral diseases of the cornea and conjunctiva. Mycobacterial or fungal infections of the ocular structures. After uncomplicated removal of a corneal foreign body.

**SPECIAL CONCERNS**

Safety and efficacy of the ophthalmic products have not been established in children. Use with caution in clients with severe dry eye.

**ADDITIONAL SIDE EFFECTS**

**Following ophthalmic use:** Blurred vision, itching, local irritation, epithelial keratitis, reactive hyperemia, conjunctival edema, burning, headache or browache, transient stinging.

**ADDITIONAL DRUG INTERACTIONS**

Sulfisoxazole may ↑ effects of thio-pental due to ↓ plasma protein binding.

**HOW SUPPLIED**

**Sulfisoxazole:** Tablet: 500 mg. **Sulfisoxazole diolamine:** Ophthalmic Solution: 4%

**DOSAGE**

• **TABLETS**

**Adults, loading dose:** 2–4 g; **maintenance:** 4–8 g/day in 4 to 6 divided doses, depending on severity of the infection. **Infants over 2 months, initial:** 75 mg/kg/day; **maintenance:** 150 mg/kg/day (4 g/m<sup>2</sup>/day) in 4 to 6 divided doses, not to exceed 6 g/day.

• **OPHTHALMIC SOLUTION (4%)**

*Conjunctivitis or corneal ulcer.*

1–2 gtt into conjunctival sac q 1–4 hr, depending on the severity of the infection. Dose may be tapered by increasing the time interval between doses as the condition improves.

## 2 SULFISOXAZOLE

*Trachoma.*  
2 qtt q 2 hr with concomitant systemic therapy.

### **NURSING CONSIDERATIONS**

SEE ALSO GENERAL NURSING CONSIDERATIONS FOR ANTI-INFECTIVES AND SULFONAMIDES.

#### **ADMINISTRATION/STORAGE**

Solutions will darken in color if left standing for long periods; discard these products.

#### **ASSESSMENT**

1. Document indications for therapy and characteristics of symptoms. List other agents trialed and the outcome.
2. Monitor VS, CBC, kidney function, urinary pH, and cultures.

#### **CLIENT/FAMILY TEACHING**

1. Take tablets on an empty stomach and consume plenty of fluids to pre-

vent dehydration and crystalluria. Do not skip or stop therapy without provider approval.

2. May cause sensitivity to bright light; wear sunglasses and avoid exposures to minimize.

3. With ophthalmic use, report if no improvement after 7–8 days, if the condition worsens, or if pain, increased redness, itching, or swelling of the eye occurs.

4. Avoid OTC agents especially ASA and vitamin C. Report any unusual bruising/bleeding, skin rash, fever, sore throat or lack of response.

#### **OUTCOMES/EVALUATE**

Negative cultures; symptomatic improvement