### Spectrum of Activity

| Ceftriaxone | Streptococci, including most penicillin-resistant pneumococci. All enterococci are resistant. Gram-negative microorganisms except *Pseudomonas N. gonorrhoeae Borrelia burgdorferi* (Lyme) |

### Indications

- EMPIRIC therapy of severely ill patients with suspected Gram-negative infection
- Documented Gram-negative infection resistant to 1st and 2nd generation cephalosporins
- Meningitis, brain abscess
- Spontaneous bacterial peritonitis, community-acquired secondary peritonitis (or hospital acquired with no previous antimicrobial therapy), or intra-abdominal abscess.
  - Salmonella
  - Community acquired pneumonia
  - Gonorrhea
  - Pelvic Inflammatory Disease, Epididymitis
  - Some endocarditis infections
  - Synergy in some enterococcal endocarditis infections, particularly if gentamicin is contraindicated
  - Complicated Lyme infections

### Not indicated

- Does not cover *Listeria, Pseudomonas*, ESBLs or AmpC producing Enterobacteriaceae
- Avoid in patients with biliary sludging or cholestatic hepatitis (see Cefotaxime)
- Avoid for serious AmpC microorganisms (Citrobacter, Enterobacter infections), even if reported as susceptible.

### Safety Considerations

- *C. difficile* risk *(high risk)*
- Pseudocholelithiasis: more likely if on TPN and using ≥ 2g/day
- Drug induced immune thrombocytopenia
- Prolonged QTC with concomitant lansoprazole

### Renal Dosing

- Does not require dosing adjustments in renal impairment

### Other Considerations

- **Most infections** can be treated with **ceftriaxone 1g** every 24 hours.
- **Higher dosing** recommended for **infective endocarditis, CNS infections, bone and joint infections, typhoid**
- Do not co-administer with calcium containing solutions