Erythromycin estolate

CLASSIFICATION(S):
Antibiotic, macrolide

PREGNANCY CATEGORY: B

SEE ALSO ERYTHROMYCIN BASE, CHAPTER 1.

USES
See Erythromycin Base, Chapter 1.

ACTION/KINETICS
Pharmacokinetics
Most active form of erythromycin, with relatively long-lasting activity.

ADDITIONAL CONTRAINDICATIONS
Cholestatic jaundice or preexisting liver dysfunction. Treatment of chronic disorders such as acne, furunculosis, or prophyaxis of rheumatic fever.

SPECIAL CONCERNS
Hepatic dysfunction, with or without jaundice, has occurred, mainly in adults. It may be accompanied by malaise, N&V, abdominal colic, and fever. In some cases, severe abdominal pain may stimulate an abdominal surgical emergency. If any of the above occurs, discontinue erythromycin estolate oral suspension promptly. Erythromycin estolate oral suspension is contraindicated for clients with a known history of sensitivity to the drug and for those with pre-existing liver disease.

HOW SUPPLIED
Suspension: 125 mg (as the base)/5 mL, 250 mg (as the base)/5 mL.

DOSAGE

• SUSPENSION
See Erythromycin base, Chapter 1. Similar blood levels are achieved using erythromycin base, estolate, or stearate.

NURSING CONSIDERATIONS

ASSESSMENT
1. Note reasons for therapy, onset, symptom characteristics.
2. Assess clinical presentation, C&S results, CBC and LFTs. Drug may cause significant hepatotoxicity; monitor LFTs.

CLIENT/FAMILY TEACHING
1. Take without regard to meals. Chew or crush chewable tablets.
2. Shake suspension well before using; do not store for more than 2 weeks at room temperature.
3. Report lack of response, adverse drug effects; esp. change in skin/eye color, abdominal pain, stool color change, N&V, and fever.
4. Keep all F/U to assess response and adverse SE.

OUTCOMES/EVALUATE
Resolution of infection