

# Nitrofurantoin

## Antibiotic Class:

Nitrofurantoin

## Antimicrobial Spectrum:

*E. coli*, *Citrobacter spp.*, *S. saprophyticus*, *E. faecalis*.

## Mechanism of Action:

Inhibits bacterial enzymes responsible for cell wall synthesis

## Pharmacodynamics:

No data

## Pharmacokinetics:

Bioavailability: 90%, Tmax: 2 hours, Cmax (50mg PO): 0.4mcg/ml, Volume of distribution: 40L, Half-life: 1 hour

## Adverse Effects:

CNS: Headache, dizziness, confusion

GI: nausea, vomiting, pancreatitis

Hematologic: Eosinophilia and fever

Other: Peripheral neuritis

## Dosage:

Capsule, macrocrystal: 25, 50, 100 mg

Capsule, macrocrystal/monohydrate: 100 mg

Suspension, oral: 25 mg/5 mL

Adults – UTI, treatment: Oral: 50-100 mg/dose every 6 hours (not to exceed 400 mg/24 hours)

UTI, prophylaxis :: Oral: 50-100 mg/dose at bedtime

Children: UTI, treatment: Oral: Children >1 month: 5-7 mg/kg/day in divided doses every 6 hours; maximum: 400 mg/day

UTI, chronic therapy: Oral: 1-2 mg/kg/day in divided doses every 12-24 hours; maximum: 100 mg/day

Disease state based dosing:

Renal failure: Contraindicated in patients with CrCl < 60ml/min, hemodialysis, peritoneal dialysis, and hemofiltration

Hepatic failure: No data

## Contraindications/Warnings/Precautions:

Precautions:

- Peripheral neuritis is frequently associated with nitrofurantoin use in the elderly with impaired renal function. Symptoms begin within 45 days of therapy and involve ascending motor and sensory polyneuropathy

**Drug Interactions:**

Phenytoin – Increased metabolism of phenytoin suggested

Magnesium trisilicate antacids – Decreased nitrofurantoin absorption

Probenecid – Decreased tubular secretion of nitrofurantoin

Quinolones – In-vitro antagonism – clinical significance unknown

**Pregnancy:**

Category B: No evidence of risk in humans but studies inadequate.

**Monitoring requirements:**

Therapeutic: Culture and sensitivities, signs and symptoms of infection

Toxic: Signs/Symptoms of polyneuropathy

**Brand names/Manufacturer:**