<table>
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<th>Drug</th>
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| Metronidazole     | • Intravenous- 500mg within 60 minutes prior to surgery  
• Oral- (immediate release) 1g every 3-4 hours | Intravenous or Oral  
• IV- infuse over 30 to 60 minutes  
• Oral- immediate release tablets and capsules may be administered with food to minimize | • Well absorbed  
• Half-life elimination for adults: approximately 8 hours  
• Peak time is 1 to 2 hours  
• Excreted as urine and as feces | • Nausea, vomiting  
• Constipation  
• Headache  
• Metallic taste and lack of appetite  
• Hypersensitivity | • Use with caution for patients with kidney and liver impairment  
• Not recommended for use with pregnant individuals. There is risk for developmental abnormalities (i.e. cleft lip) |
| Piperacillin      | • Intravenous: 3-4 g every 4-6 hours.  
• Do not exceed 24g daily | Intravenous (IV)  
• Intermittent infusion over 20 to 30 minutes | • Rapid absorption  
• Half-life elimination for adults: approximately 1 hour  
• Excreted as urine and in feces  
• Peak time is 30 minutes | • Hypersensitivity to individuals with penicillin or cephalosporin allergy  
• Bleeding  
• Prolonged use may result in infection  
• Confusion  
• Hypokalemia  
• Thrombophlebitis | • Not recommended for geriatric population with history of heart problems because it has lower sodium content  
• Assess patient’s allergy history |
| Cefoxitin (2nd generation Cephalosporin) | Recommended:  
• 2g given 30-60 mins prior to surgical incision  
• Repeat dose in 2 hours if surgery prolongs or in case of extreme blood loss during surgery | Intravenous (IV)  
• Intermittent infusion over 10 to 60 minutes | • To body tissues  
• Half-life elimination for adults: 41-59 minutes  
• Excreted as urine  
• Peak time is within 20-30 minutes | • Diarrhea  
• Hypersensitive with individuals with penicillin allergy | • Educate patient on signs of adverse reaction (e.g. fever, itching, cough, swelling of throat, chest tightness, etc…)  
• Use with caution for individuals with penicillin allergy. |