

Editorial Note on Chemistry of Ampicillin

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Editorial Note

Ampicillin is used to treat infections caused by sensitive bacteria in the middle ear, sinuses, stomach and intestines, bladder, and kidney. It's also used to treat gonorrhoea without complications, meningitis, endocarditis, and other severe infections.

Many bacterial species have become resistant to penicillins as a result of increased antibiotic use; bacteria causing severe infections should be screened for resistance to penicillins and other antibiotics.

Ampicillin should not be given to patients who have had allergic reactions to other penicillins. People who are allergic to antibiotics in the cephalosporin class, which are similar to penicillins, may or may not be allergic to penicillins [for example, cefaclor (Ceclor), cephalexin (Keflex), and cefprozil (Cefzil)].

Seizures, extreme allergic reactions (anaphylaxis), and a low platelet or red blood cell count are all serious but uncommon side effects.

Ampicillin can change the normal bacteria in the colon, encouraging the overgrowth of bacteria like *Clostridium difficile*, which causes colon inflammation (pseudomembranous colitis). Patients who experience symptoms of pseudomembranous colitis (diarrhoea, fever, abdominal pain, and probably shock) after beginning ampicillin should call their doctor right away.

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For most infections, the normal oral dosage range is 250 to 500 mg four times daily for seven to fourteen days. Doses for injectables range from 250 to 2000 mg four times a day. A single 3.5 gramme dose (seven 500 mg capsules) is given with 1 gramme probenecid to treat gonorrhoea (Benemid). The probenecid delays the elimination of ampicillin, allowing it to stay in the body for longer.

The amount and speed at which ampicillin is consumed is reduced when food is present in the stomach. For maximum absorption, ampicillin should be taken 1 hour before or 2 hours after a meal; however, it can be taken with meals if the patient experiences nausea or stomach pain after taking it.