



In Prophylaxis of Surgical Site Infection:

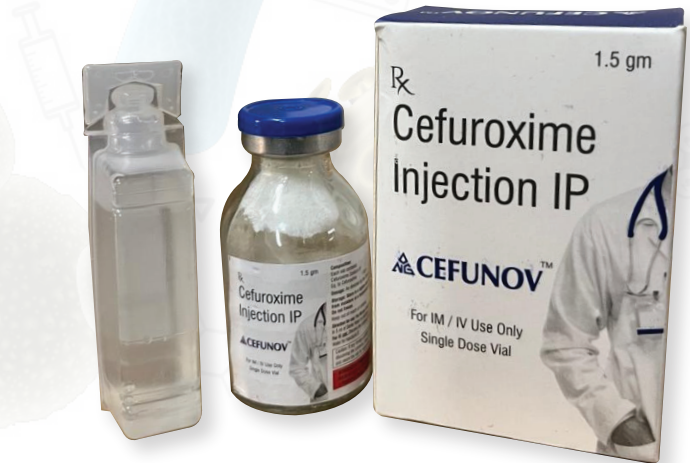
CEFUNOV

(Cefuroxime 1.5 G/0.75 G Inj)

- In a cohort study of 2,22,439 patients who underwent 1 of 11 major surgical procedures*:

- ◆ Administration of cefuroxime (**CEFUNOV**) prophylaxis closer to the time of incision was associated with significantly lower odds of Surgical Site Infection (SSI).

- ◆ Cefuroxime (**CEFUNOV**) recommended to be administered within 60 minutes prior to incision, ideally within 10 to 25 minutes



For Excellent Tissue Penetration:

ANGITAX

(Cefotaxime 1 G Inj)

- Can readily cross Blood Brain Barrier, when administered IV and may treat gram negative infections resistant to previous generations of cephalosporins.
- Compared with other cephalosporins, it (**ANGITAX**) does not cause a notable occurrence of coagulopathies and pseudocholelithiasis
- FDA approved for IV Push Therapy also





ANG HEALTHCARE

As an Adjunctive for Severe Infections

LANGICIN

(Clarithromycin 500 mg inj.)

- IV clarithromycin (LANGICIN) for three consecutive days as an adjunctive treatment in VAP and sepsis offers long-term survival benefit along with a considerable reduction in the hospitalization cost*.
- Associated with better ex vivo function of PBMCs, decreased IL-10/ TNFa ratio, improved antigen presentation and greater apoptosis of monocytes, consistent with immune restoration**
- Associated with lower sepsis recurrence, possibly through a mechanism of immune restoration**



Facilitates IV to PO step-down therapy:

AGCLAV

(Amoxicillin 1 G+Clavulanic Acid 0.2 G inj.)

- First line treatment for diabetic foot infection, diverticulitis, acute calculous cholecystitis (if gentamicin is contraindicated) and non-surgical wounds
- Widely used for Aspiration pneumonia and appendicitis.



*Antimicrob Agents Chemother 60:3640–3646 doi:10.1128/AAC.02974-15 | **Karakike et al. Critical Care (2022) 26:183

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(More than a decade of Trust)

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