**Antibacterial spectrum**

- Bacterial infections due to ofloxacin-resistant microorganisms, such as acute, chronic, or recurrent lower respiratory tract infections (bronchitis), especially if caused by Haemophilus influenzae or other Gram-negative or multi-resistant pathogens, as well as by Staphylococcus aureus.

- pneunmonia, especially if caused by pathogens such as Haemophilus influenzae, Klebsiella, Enterobacter, Proteus, Pseudomonas, Legionella, or Staphylococcus aureus.

- infections of the kidney, urinary tract, and genital organs, gonorrhoea.

- septicemia (blood poisoning).

**Adverse effects**

- Some common adverse effects that may occur during the first days of treatment are diarrhoea, nausea, vomiting, or abdominal pain. In rare cases, these may also involve internal organs.

- Gastrointestinal tract: Vomiting, diarrhea, or loose stools may occur. In rare cases, these may involve internal organs.

- CNS: Symptoms such as headache, dizziness, mood swings, depression, nervousness, confusion, or hallucinations may occur. In very rare cases (e.g., in patients with myasthenia gravis) may occur.

- Cardiovascular system: Hypertension, orthostatic hypotension, tachycardia, and changes in heart rate may occur.

- Hematopoietic system: Changes in blood cells (e.g., leucopenia, neutropenia, thrombocytopenia), anaemia, or aplastic anemia may occur.

- Liver: Transient increases in liver enzymes (e.g., aspartate aminotransferase, alanine aminotransferase) or decreases in bilirubin levels may occur. In rare cases, cholestasis may develop.

- Skin: Rash, itching, skin rashes (erythematous or urticarial), pruritus, erythema multiforme, drug-induced lupus erythematosus, angioedema, Stevens-Johnson syndrome, toxic epidermal necrolysis, or exfoliative dermatitis may occur. In very rare cases, necrotic bullae, and of small nodules with crust formation, but can also lead to skin lesions including irreparable damage may develop. Vesciculosis may also involve internal organs.

- Cardiovascular system: Hypertension may develop. In very rare cases, these may involve internal organs.

- CNS: Symptoms such as headache, dizziness, mood swings, depression, nervousness, confusion, or hallucinations may occur. In very rare cases (e.g., in patients with myasthenia gravis) may occur.

- Body as a whole: sweats, pyrexia, rigors, hypothermia, flushing, fever, malaise, bleeding tendencies, and of small nodules with crust formation, but can also lead to skin lesions including irreparable damage may develop. Vesciculosis may also involve internal organs.
factors or pathogens of moderate susceptibility, it may be necessary to increase the dose to up to 2 x 400 mg Ofloxacin daily.

**Dosage in patients with impaired renal function:** In patients with impaired renal function, the following dosages are recommended:

The initial dose is the same as for patients with normal renal function, whereas the maintenance dose should be reduced as follows:

<table>
<thead>
<tr>
<th>Creatinine clearance</th>
<th>Maintenance dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–20 ml/min.</td>
<td>100 to 200 mg ofloxacin every 24 hours.</td>
</tr>
<tr>
<td>&lt;20 ml/min.</td>
<td>100 mg ofloxacin every 24 hours.</td>
</tr>
</tbody>
</table>

In individual instances, it may be necessary to increase the dosage (see above).

**Dosage in patients with impaired liver function:** The excretion of Ofloxacin may be reduced in patients with severe impairment of liver function (e.g. cirrhosis with ascites). A maximum daily dose of 400 mg Ofloxacin should therefore not be exceeded.

**Duration of treatment**
The duration of treatment depends on the response of the causative organism and on the clinical picture. As with antibacterial treatment in general, it is recommended that treatment with Tarivid® iv. 200 be continued for at least 3 days after the body temperature has returned to normal and the symptoms have subsided. In most cases of acute infection, a course of treatment lasting 7 to 10 days is sufficient. In salmonellosis, the duration of treatment is usually 7 to 8 days, in shigellosis 3 to 5 days, and in intestinal infections caused by E. coli 3 days.

For uncomplicated infections of the lower urinary tract, 3 days' treatment is usually sufficient. In case of infection with beta-haemolytic streptococci (e.g. purulent tonsillitis or erysipelas), treatment must be continued for at least 10 days in order to prevent late complications such as rheumatic fever or inflammation of the renal glomeruli (glomerulonephritis). However, since beta-haemolytic streptococci are of varying susceptibility to Ofloxacin, treatment of such infections requires individual proof of susceptibility.

Until further experience is available, the duration of treatment should not exceed 2 months.

When the patient’s condition has improved, it is possible to switch from intravenous administration to oral condition in the same dosage.

**Administration**
Tarivid® iv. 200 is intended for intravenous infusion. The infusion time must be at least 30 minutes per 200 mg Ofloxacin. Once the infusion vial has been opened, the infusion solution should be used without delay to avoid septic complications. Tarivid® iv. 200 solution for infusion must be administered alone, unless compatibility with other infusion fluids has been demonstrated. Compatibility with the following infusion solutions has been proven: Isotonic sodium chloride solution, Ringer’s solution, and glucose solution 5%. Tarivid® iv. 200 infusion solution is incompatible with heparin solutions.

**Storage**
Protect from light. Keep in the pack until required.

**Expiry date**
Do not use later than the date of expiry.

Keep medicines out of the reach of children.

**Presentation**
1 infusion vial of 100 ml.