

Table 1. Alternatives to Erythromycin Lactobionate Injection in Selected Situations

Situation	Recommendation	Comments
Gastroparesis ^{3,4,6,7}	Metoclopramide 10 mg orally or IV QID administered 30 minutes before meals. Erythromycin 250 mg orally TID	Side effects such as drowsiness and tardive dyskinesia may limit the utility of metoclopramide. ⁶
Gastroparesis following partial large or small bowel resection surgery with primary anastomosis ⁸	Alvimopan 12 mg orally 30 minutes to 5 hours before surgery, then 12 mg orally twice daily for up to a maximum of 15 doses	May only be used in hospitals. Hospitals must be enrolled in the Entereg Access Support and Education (EASE) program.
Premature Rupture of Membranes (PROM)	Ampicillin 2 gram IV Q6H and erythromycin 250 mg IV Q6H for 48 hours then give oral doses of amoxicillin and erythromycin for 5 days. ⁹⁻¹¹	Limited information available for azithromycin. ^{11,12}
Prevention of perinatal Group B Streptococcal disease in penicillin-allergic patients ⁵	Low-risk for anaphylaxis: Cefazolin 2 g IV initially, then 1 g IV Q8H until delivery High-risk for anaphylaxis: Clindamycin 900 mg IV Q8H until delivery	Current MMWR guidelines recommend either cefazolin, clindamycin, or erythromycin for penicillin-allergic patients