

Common Antibiotic Regimens (2 Card Pack)

COMMON ANTIBIOTIC REGIMENS

This is a guide only; please refer to the appropriate guidelines and drug information before prescribing

Prescriber Number:

Indication	Antibiotic	Notes
Sinusitis		
Acute Bacterial Rhinosinusitis	amoxicillin 500 mg (child: 15 mg/kg up to 500 mg) orally, 8 hrly for 5 to 7 days.	Consider antibiotic therapy, as well as intranasal corticosteroids, for patients with severe symptoms (purulent nasal discharge, nasal congestion, facial tenderness or pressure) for > 3 to 4 days plus any of the following features: • high fever (38.4°C or more) • unilateral maxillary sinus tenderness • severe headache • worsening symptoms after initial improvement
Tonsillitis		
If <i>S. pyogenes</i> suspected		
Modified Centor Criteria	phenoxymethylpenicillin 500 mg (child: 15 mg/kg up to 500 mg) orally, 12 hrly for 10 days.	Antibiotics may only shorten illness by only one day; consider supportive treatment only. Beware accidental intravascular injection of benzathine penicillin has resulted in severe neurovascular damage and CNS side effects
Criteria	Score	
Temperature > 38°C	+1	
Absence of cough	+1	
Ant. cervical lymphadenopathy	+1	
Tonsillar swelling/redness	+1	
3-4 yr old	+1	
15-44 yr old	0	
45 yr or older	-1	
Stop	Mx	
0% -5%	No further testing or antibiotics	
6-10%	Culture all	
11-17%	Abx only	
18-25%	See +ve culture	
26-35%	Test	
36-51%	Empirically emp. Abx, 5 culture	
52-95%		

Indication	Antibiotic	Notes
Mild Early Cellulitis		
to cover <i>Staphylococcus aureus</i> and <i>Streptococcus pyogenes</i>	di/flucloxacillin 500 mg (child: 12.5 mg/kg up to 500 mg) PO, 6hrly for 7 to 10 days	NB risk of hepatitis with flucloxacillin No oral liquid prep for dicloxacillin
If <i>S. pyogenes</i> is confirmed, or suspected	Phenoxymethylpenicillin 500 mg (child: 15 mg/kg up to 500mg) PO, 6 hrly for 10 days. OR procaine penicillin 1.5 g (child: 50 mg/kg up to 1.5 g) IM, daily for at least 3 days.	Procaine penicillin supplied as 1.5g prefilled syringe.
Severe cellulitis	di/flucloxacillin 2 g (child: 50 mg/kg up to 2 g) IV, 6hrly	Note sodium load in IV preparations IV cannula should be inserted into large vein (eg antecubital fossa) to avoid thrombophlebitis caused by dicloxacillin
Community Acquired Pneumonia		
Mild CAP (outpatient treatment)	amoxicillin 1 g orally, 8hrly for 5 to 7 days. OR doxycycline 200 mg PO, for the first dose, then 100 mg daily for a further 5 days. OR clarithromycin 250mg orally, 12hrly for 5 to 7 days.	Beware previous immediate or severe allergic reaction to penicillins, carbapenems or cephalosporins as cross-reactivity between these classes can occur Doxycycline is pregnancy category D, but may be used in the first 18 weeks of pregnancy. It also should not be used in children under 8 years of age. Avoid co-administration of doxycycline with penicillins or ampicillin NB: Clarithromycin contraindicated in treatment with ergot alkaloids, simvastatin or pitavastatin
<i>Mycoplasma pneumoniae</i> (<i>Chlamydia</i>) (<i>Chlamydia</i>) (<i>Legionella</i>) suspected	clarithromycin 250mg orally, 12hrly for 5 to 7 days.	
Aspiration Pneumonia	benzylpenicillin 1.2 g (child: 30 mg/kg up to 1.2 g) IV, 6hrly. PLUS metronidazole 500 mg (child: 12.5 mg/kg up to 500 mg) IV, 3hrly OR metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 12hrly	Metronidazole: give IV infusion over 15-30 mins to avoid thrombophlebitis. Can be given rectally to avoid IV route. Advise patient to abstain from alcohol to avoid disulfiram-like reaction.
For initial treatment		

Indication	Antibiotic	Notes
Post-Traumatic Wounds	di/flucloxacillin 500 mg (child: 12.5 mg/kg up to 500 mg) orally, 6-hourly PLUS metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 12-hrly OR amoxicillin + clavulanate 875+125 mg (child: 25.5+3.2 mg/kg up to 875+125 mg) orally, 12-hourly OR piperacillin + tazobactam 4+0.5g (child: 100+12.5 mg/kg up to 4+0.5 g) IV, 8hrly OR ticarcillin + clavulanate 3+0.1 g (child: 50+1.7 mg/kg up to 3+0.1 g) IV, 6hrly	NB need to assess patient's tetanus immunization status Antibiotics usually unnecessary for clean wounds; however, if management is delayed (8 hours or more) or debridement is difficult use: NB need to assess patient's tetanus immunization status Note sodium load in IV preparations
Clean Wound		
Contaminated Wounds	FOLLOWED BY amoxicillin + clavulanate 875+125 mg (child: 25.5+3.2 mg/kg up to 875+125 mg) PO, 12hrly	Timmerline* is ticarcillin + clavulanate 3g+100mg Monitor potassium in high doses in people treated with cytotoxics, diuretics or with hepatic disease
Otitis Media	amoxicillin 15 mg/kg up to 500 mg orally, 8 hrly for 5 days OR (if adherence is likely to be a problem) amoxicillin 10 mg/kg up to 1 g orally, 12 hrly for 5 days.	Reconsider need for antibiotics if child is systemically well as they are likely to provide marginal value only.

Indication	Antibiotic	Notes
Urinary Tract Infection	trimethoprim 300 mg orally, daily for 3 days OR cephalexin 500 mg orally, 12hrly for 5 days OR Amoxicillin + clavulanate 500+125 mg orally, 12hrly for 5 days OR nitrofurantoin 100 mg orally, 12hrly for 5 days OR Amoxicillin + clavulanate 875+125 mg orally, 12hrly for 10 days OR cephalexin 500 mg orally, 6hrly for 10 days OR trimethoprim 300 mg orally, daily for 10 days	Beware <i>Trichomonas</i> with trimethoprim administration (eg oral failure/contraindication AC 25) (i.e. contraindicated in prostatic disease due to effects on folate synthesis. Use with caution in folate deficiency. Augmentin Duo* is Amoxicillin + clavulanate 500+125mg Nitrofurantoin contraindicated in renal impairment (GFR < 30 ml/min), severe hepatic impairment (ALT > 3x ULN) or in patients with G6PD deficiency (risk of hemolysis). Sensitivity therapy once sensitivities are obtained. Augmentin Duo Forte* is Amoxicillin + clavulanate 875+125mg A follow up urine culture at least 48 hours after the conclusion of therapy is advised. Quinolones (Ciprofloxacin and moxifloxacin) should be avoided in myasthenia gravis, epilepsy, pregnancy (2,3,4,5) (maternal), patients over 60 with current or recent use of risk of tendon rupture. See AMH for full counselling points regarding dietary and other interactions.
Acute Cystitis in non-pregnant women	nitrofurantoin 100 mg orally, 12hrly for 5 days OR Amoxicillin + clavulanate 875+125 mg orally, 12hrly for 10 days OR cephalexin 500 mg orally, 6hrly for 10 days OR trimethoprim 300 mg orally, daily for 10 days	
Mild Pyelonephritis (low-grade fever, no nausea or vomiting)	Amoxicillin + clavulanate 875+125 mg orally, 12hrly for 10 days OR cephalexin 500 mg orally, 6hrly for 10 days OR trimethoprim 300 mg orally, daily for 10 days	
Severe Pyelonephritis	trimethoprim 300 mg orally, daily for 10 days OR nitrofurantoin 100 mg orally, 12hrly for 5 days OR Amoxicillin + clavulanate 875+125 mg orally, 12hrly for 10 days OR cephalexin 500 mg orally, 6hrly for 10 days OR trimethoprim 300 mg orally, daily for 10 days	
Acute Exacerbation of COPD	amoxycillin 500 mg PO, 8 hrly for 5 days OR doxycycline 100 mg PO, bd for 5 days	Although exacerbations are usually due to viral infection, ABx have been shown to be beneficial

Nursing Drug Reference A Practitioners Guide

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Table of Contents Nursing Drug Reference A Practitioners Guide

1. Understanding the eBook Nursing Drug Reference A Practitioners Guide
 - The Rise of Digital Reading Nursing Drug Reference A Practitioners Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Nursing Drug Reference A Practitioners Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Nursing Drug Reference A Practitioners Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Nursing Drug Reference A Practitioners Guide
 - Personalized Recommendations
 - Nursing Drug Reference A Practitioners Guide User Reviews and Ratings
 - Nursing Drug Reference A Practitioners Guide and Bestseller Lists
5. Accessing Nursing Drug Reference A Practitioners Guide Free and Paid eBooks

- Nursing Drug Reference A Practitioners Guide Public Domain eBooks
- Nursing Drug Reference A Practitioners Guide eBook Subscription Services
- Nursing Drug Reference A Practitioners Guide Budget-Friendly Options
- 6. Navigating Nursing Drug Reference A Practitioners Guide eBook Formats
 - ePub, PDF, MOBI, and More
 - Nursing Drug Reference A Practitioners Guide Compatibility with Devices
 - Nursing Drug Reference A Practitioners Guide Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Nursing Drug Reference A Practitioners Guide
 - Highlighting and Note-Taking Nursing Drug Reference A Practitioners Guide
 - Interactive Elements Nursing Drug Reference A Practitioners Guide
- 8. Staying Engaged with Nursing Drug Reference A Practitioners Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Nursing Drug Reference A Practitioners Guide
- 9. Balancing eBooks and Physical Books Nursing Drug Reference A Practitioners Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Nursing Drug Reference A Practitioners Guide
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Nursing Drug Reference A Practitioners Guide
 - Setting Reading Goals Nursing Drug Reference A Practitioners Guide
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Nursing Drug Reference A Practitioners Guide
 - Fact-Checking eBook Content of Nursing Drug Reference A Practitioners Guide
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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