

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	
3-14 yr old	+1	
15-44 yr old	0	
45 yr or older	-1	
Stop:		
0% No further testing or antibiotics		
1-10% Culture all		
11-17% Abx only		
18-25% Abx +ve		
26-35% Culture		
36-55% Trial		
56-71% Systemically emp. Abx		
72-95% Culture		
96-100% Culture		
	benzathine penicillin 900 mg (child 3 kg to less than 6 kg: 225 mg; 6 kg to less than 10 kg: 337.5 mg; 10 kg to less than 15 kg: 450 mg; 15 kg to less than 20 kg: 675 mg; 20 kg or more: 900 mg) IM, as a single dose	See Therapeutic Guidelines for full indications and recommendations

Indication	Antibiotic	Notes
Post-Traumatic Wounds	dicloxacillin 500 mg (child: 12.5 mg/kg up to 500 mg) orally, 6-hourly	NB need to assess patient's tetanus immunization status
	PLUS	Antibiotics usually unnecessary for clean wounds; however, if management is delayed (8 hours or more) or debridement is difficult use:
Clean Wound	metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 12-hourly	
	OR	
	amoxicillin + clavulanate 875+125 mg (child: 23.5+3.2 mg/kg up to 875+125 mg) orally, 12-hourly	
	piperacillin + tazobactam 4+0.5g (child: 100+12.5 mg/kg up to 4+0.5 g) IV, 8hrly	NB need to assess patient's tetanus immunization status
	OR	Note sodium load in IV preparations.
Contaminated Wounds	ticarcillin + clavulanate 3+0.1 g (child: 50+1.7 mg/kg up to 3+0.1 g) IV, 6hrly	Timeniv® is ticarcillin + clavulanate 3g+100mg
	FOLLOWED BY	Monitor potassium in high doses in people treated with cytotoxics, diuretics or with hepatic disease
	amoxicillin + clavulanate 875+125 mg (child: 23.5+3.2 mg/kg up to 875+125 mg) PO, 12hrly	
Otitis Media	amoxicillin 15 mg/kg up to 500 mg orally, 8 hrly for 5 days	Reconsider need for antibiotics if child is systemically well as they are likely to provide marginal value only.
	OR (if adherence is likely to be a problem)	
	amoxicillin 10 mg/kg up to 1 g orally, 12 hrly for 5 days.	

Indication	Antibiotic	Notes
Mild Early Cellulitis		
to cover <i>Staphylococcus aureus</i> and <i>Streptococcus pyogenes</i>	dicloxacillin 500 mg (child: 12.5 mg/kg up to 500 mg) PO, 6hrly for 7 to 10 days	NB risk of hepatitis with dicloxacillin No oral liquid prep for dicloxacillin
If <i>S. pyogenes</i> is confirmed, or suspected	Phenoxymethylpenicillin 500 mg (child 10 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		
Significant systemic features or is not responding to oral Abx after 48 hours, commence IV Abx	dicloxacillin 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	Beware previous immediate or severe allergic reaction to penicillins, carbapenems or cephalosporins as cross-reactivity between these classes can occur
<i>Mycoplasma pneumoniae</i> (Chlamydia) (Chlamydia) (Legionella) suspected	doxycycline 200 mg PO, for the first dose, then 100 mg daily for a further 5 days	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
	OR	
	clarithromycin 250mg orally, 12hrly for 5 to 7 days	Clarithromycin contraindicated in treatment with ergot alkaloids, erginate or pimozide.
Aspiration Pneumonia		
For initial treatment	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	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.
	OR	
	metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 12hrly	

Indication	Antibiotic	Notes
Urinary Tract Infection		
	trimethoprim 300 mg orally, daily for 3 days	Beware <i>Trimethoprim</i> with folic acid administration (eg oral folic acid/trimethoprim 5/25 mg). Its contraindicated in myelofibrosis, anaemia due to effects on folate synthesis. Use with caution in folate deficiency.
	OR	
	cephalexin 500 mg orally, 12hrly for 5 days	
Acute Cystitis in non-pregnant women	Amoxicillin + clavulanate 500+125 mg orally, 12hrly for 5 days	Augmentin Duo® is Amoxicillin + clavulanate 500+125mg
	OR	
	nitrofurantoin 100 mg orally, 12hrly for 5 days	Nitrofurantoin contraindicated in renal impairment (CrCl < 30 ml/min). Monitor urine pH < 8 otherwise use AMH for full prescribing information
	OR	
	Amoxicillin + clavulanate 875+125 mg orally, 12hrly for 10 days	Severe urinary tract infections: sensitivities are obtained
	OR	
	cephalexin 500 mg orally, 6hrly for 10 days	Augmentin Duo Forte® is Amoxicillin + clavulanate 875+125mg
	OR	
	trimethoprim 300 mg orally, daily for 10 days	A follow up urine culture at least 48 hours after the conclusion of therapy is advised. Outpatients (Ciprofloxacin and norfloxacin) should be avoided in myelofibrosis, anaemia, epilepsy, hypoglycaemia (Ciprofloxacin), tinnitus, patients over 60 with current corticosteroid use (risk of tendon rupture). See AMH for full prescribing information regarding dietary and other interactions
	OR	
	norfloxacin 400 mg orally, 12hrly for 10 days	
	OR	
	ciprofloxacin 500 mg orally, 12hrly for 10 days	
	OR	
	gentamicin 1 to 2 mg/kg (max 80 mg) IV, for 1 dose, then determine dosing interval for a max of either 1 or 2 further doses based on renal function	Consult Therapeutic Guidelines for institutional policy regarding gentamicin regimens
	OR	
	amoxycillin 2g IV, 6hrly	Beware ototoxicity/nephrotoxicity with gentamicin
Acute Exacerbation of COPD	amoxycillin 500 mg PO, 8 hrly for 5 days	Note sodium load in IV amoxycillin/ampicillin.
	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

Marilyn W. Edmunds



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Practitioner's Guide to Psychoactive Drugs for Children and Adolescents John Scott Werry,Michael G.

Aman,2013-06-29 Incorporating the latest developments in pharmacology and therapy this fully revised Second Edition is an ideal quick reference for those who prescribe psychotropic drugs for young people New and notable features include discussions of new drugs and health supplements revised diagnostic terminology that accords with current DSM IV nomenclature reports on anti epileptic medications guidelines for the appropriate use of psychoactive medications and instruction on the monitoring of physical behavioral and cognitive effects of various drugs The handy spiral format makes the book easy to use

Current Catalog National Library of Medicine (U.S.),1993 First multi year cumulation covers six years 1965 70

Guide to Reference in Medicine and Health Christa Modschiedler,Denise Beaubien Bennett,2014-04-26

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National Library of Medicine Current Catalog National Library of Medicine (U.S.), Starting Your Practice

Jean Nagelkerk,2005-10-28 This unique resource is an ideal career planning guide for advanced practice students recent graduates and practicing nurse practitioners who want to expand their careers It s filled with helpful guidelines and proven strategies for success in every aspect of NP practice including certification and licensure finding and negotiating a practice opportunity and developing community and professional partnerships Guidelines for completing the necessary requirements for certification and licensure Tips for finding and negotiating a practice opportunity Strategies for using available technology and tools such as the internet and PDAs to create a successful clinical practice environment Ideas for developing a community partnership by creating successful professional and clinical contacts in the community Practical advice on how best to market oneself and interview with potential employers Key information on establishing systems in practice using tools to enhance clinical judgment and other important responsibilities related to clinical practice A wealth of real world examples including resumes collaborative agreements contracts business plans billing and coding and productivity flowcharts provide essential resources for a successful practice

The Musculoskeletal Practitioner's Handbook - E-Book Jonathan

Kenyon,Giles Hazan,2023-07-15 This new handbook provides a practical day to day reference guide to assist clinicians in

assessing and managing the most common musculoskeletal problems they encounter in their practice Written by a GP with an extended role in msk medicine and an advanced practice physiotherapist and informed by their combined years of clinical experience it provides an overview of pathology and guides the reader through assessment examination tests and scans and management Easy to follow and use as well as comprehensively referenced and evidence based this title will prove indispensable for clinicians across disciplinary boundaries from First Contact Practitioners and GPs to physiotherapists nurses and paramedics Designed to support evidence based clinical reasoning and decision making Easy to reference summaries of the most common musculoskeletal pathologies encountered in practice Descriptions of diagnostic scans and tests what they are and when they re used Detailed sections on relevant anatomy and nerve pathways Principles of management of both regional and systemic musculoskeletal disorders Detailed descriptions of the most common medications used to treat pain Information on blood tests with a quick reference guide to their interpretation A wealth of quick reference appendices for use in every day practice The Nurse Practitioner ,1995 **Psychologists' Psychotropic Drug**

Reference Louis A. Pagliaro,Ann Marie Pagliaro,2020-03-26 First published in 1998 The purpose of this book is to provide prescribing psychologists and psychology students with an accurate and authoritative reference for psychotropic drugs that are commonly available for clinical prescription in North America The reference is particularly directed for use by psychologists and psychology students who already have or are currently developing their professional expertise and responsibilities in the prescription and management of psychotropic pharmacotherapy as an adjunct to their psychotherapy The Reference lists detailed drug monographs for over 100 different prescription psychotropic drugs available in North America Thus this reference is the most comprehensive psychotropic drug reference for clinical psychologists currently available Each psychotropic monograph is clearly and concisely written to only reflect essential and important data that are commonly required by prescribing psychologists Whenever available and appropriate each monograph includes phonetic pronunciation up to five common trade or brand names pharmacologic or therapeutic classification and subclassification United States Drug Enforcement Agency USDEA schedule designation for abuse potential recommended dosages for adults children and the elderly helpful and important notes regarding methods of administration relative contraindications clinically significant drug interactions and more It is hoped that by using the information presented in is book prescribing psychologists and psychology students will be better able to provide their patients with the maximum benefits of adjunctive pharmacotherapy with a minimum of adverse and toxic effects **Clinical Massage in the Healthcare Setting - E-Book**

Sandy Fritz,Leon Chaitow,Glenn Hymel,2007-12-11 Covering advanced massage therapy skills this practical resource prepares you to work with medical professionals in a clinical setting such as a hospital hospice long term care or other health related practice It discusses the many skills you need to succeed in this environment helping you become a contributing member of an integrated team Also covered are the essentials of clinical massage such as indications and contraindications

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Pediatric Nurse Practitioner Certification Review Guide JoAnne Silbert-Flagg,Elizabeth Sloand,2010-08-15 Rev ed of Pediatric nurse practitioner certification review guide editors Virginia

Layng Millonig Caryl E Mobley 4th ed c2004 [Law and Ethics for Health Practitioners - E-Book Epub](#) Sonia

Allan,2024-09-30 Law and Ethics for Health Practitioners provides clear and succinct information that demystifies legal ethical and regulatory principles and their implications for clinical practice Accessible and easy to follow the book provides a clear and concise introduction to the Australian legal and health systems discussion of legal rules and regulations that govern

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Drug Regimen Compliance Jean-Michel Metry, Urs B. Meyer, 1998-01-30 This invaluable work comprehensively covers all issues of drug regimen compliance In three sections Clinical Trials Patient Management and Future Aspects it deals with a topic of debate and interest

British Medical Journal ,1915 **The British Medical Journal** ,1915 **Alexander's Nursing Practice E-Book** Ian Peate, 2019-08-20

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what you need to know to safely and effectively prescribe drugs for primary care An emphasis on patient teaching helps you gain patient adherence to prescribed drug regimens and guidelines for health promotion help in maintaining and improving your patients health Now in full color this edition expands the book s emphasis on the QSEN priorities of safety and evidence based practice and adds coverage of new drugs new drug classes and new therapeutic drug uses Written by leading nurse practitioner authorities Marilyn Winterton Edmunds and Maren Stewart Mayhew Pharmacology for the Primary Care Provider teaches principles of pharmacotherapeutics using today s most commonly used drugs A Key Drugs focus highlights the most commonly used and most representative drugs of each major drug class with particular emphasis on the top 100 most commonly prescribed drugs Emphasis on patient teaching helps you communicate with patients and family caregivers to promote adherence to the drug regimen Emphasis on health promotion describes how to help patients stay well and improve their health including coverage of immunizations and biologicals vitamins weight management and smoking cessation Evidence Based Decision Making and Treatment Guidelines chapter 11 provides practical guidelines for using the best current research evidence to make decisions about the care of individual patients Extensive coverage of drug therapy for special populations such as geriatric and pediatric patients includes considerations related to age pregnancy race and other factors UNIQUE Coverage of prescriptive practice includes topics such as prescriptive authority role implementation and the role of nurses NPs CNMs CRNAs and CNSs and physician assistants in writing prescriptions NEW Full color design and illustrations highlight the most important content DRUG UPDATES reflect the latest FDA approved drugs drug classes and therapeutic uses Expanded emphasis on the QSEN priorities of safety and evidence based practice helps you eliminate drug prescribing errors with color highlighted Safety Alerts and NEW Clinical Practice Alerts NEW section on male hormone replacement therapies adds coverage of men to that for women Updated evidence based prescribing information reflects the latest national clinical practice guidelines and evidence based treatment guidelines including the latest clinical treatment guidelines for diabetes NEW Complementary and Alternative Products tables highlight interactions with drugs and are emphasized with a distinctive icon Updated Drug Overview tables are enhanced with color as well as Top 100 icons that highlight the most commonly prescribed drugs

Drug Intelligence & Clinical Pharmacy ,1985

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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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