

Antibiotic Guidelines for the Feeble-minded

Often-broken Rules of Thumb:

1. All Intravenous antibiotics should be given **SLOWLY**
2. All intravenous antibiotics should **only** continue for 48hrs
3. All antibiotics should **only** continue for 7 to 14 days

Conditional rules of thumb:

4. Gram **NEGATIVE** foe? = **gentamicin**
5. Gram **POSITIVE** = **penicillins**
6. gram negative **ROD** eg. E.coli – amoxicillin, augmentin etc.; hard cillins.
7. Anaerobes? Eg. clostridium difficile → **Metronidazole**
A.k.a. Mighty FLAGEL
8. Pseudomonas → **Ciprofloxacin** (just about the only thing that works)
9. Severe infection = use 3rd gen cephalosporin
eg. ceftriaxone, cefotaxime

<u>UTI:</u>	<u>Trimethoprim PO</u>
<u>Urinary Sepsis</u>	<u>Cefuroxime + Gentamicin IV</u>
<u>Gut Sepsis</u>	<u>Ampicillin, Gentamicin, metronidazole</u>
<u>Cellulitis:</u>	<u>Augmentin PO</u>
<u>Wound infection</u>	<u>Flucloxacillin IV</u>
<u>Osteomyelitis</u>	<u>Flucloxacillin IV</u>
<u>Septic Arthritis</u>	<u>Flucloxacillin IV</u>
<u>Community Pneumonia</u>	<u>Amoxicillin PO</u>
<u>Atypical Pneumonia</u>	<u>Erythromycin PO</u>
<u>Hospital Pneumonia</u>	<u>Cefuroxime IV</u>
<u>Meningitis</u>	<u>Ceftriaxone + benzylpenicillin IV</u>
<u>Listeria meningitis</u>	<u>the above plus ampicillin IV</u>
<u>Endocarditis</u>	<u>gentamicin IV, AND</u> <u>- benzylpenicillin if unknown</u> <u>- Flucloxacillin if staph aureus</u> <u>- Amoxicillin if enterococcus</u>

