

Staphylococcus/streptococcus - Tx w/ β -lactam (penicillins, cephalosporins, carbapenem, monobactam)

- *Staph epi* (infection via skin) - cath, prosthetic joint/valve, dialysis, neurosurgery;
- *Staph aureus* - bone, heart, skin, joint
- *Strep*:
 - *Viridans* - endocarditis → ✓ ECHO;
- Tx - best initial: penicillins (oxa-, cloxa-, didoxo-, nafcillin)
 - For *MRSA* - meticillin not used (allergic interstitial nephritis); Rx - vancomycin, linezolid, daptomycin, TIG (tigecycline)
 - If rash to penicillin → I gen. cephalosporin (cefazolin, cefadroxil, cephalixin);
 - The cross reactions between penicillin and cephalosporin neglectable
 - If anaphylaxis to penicillin → avoid β -lactam;
 - Mild reaction → macrolide (erythro-, azithro-, clarithromycin) or clindamycin (cover anaerobes)

Specific

- Doxycycline - *Chlamydia*, *rickettsia*, *early Lyme*;
- TMP/SMZ (Trimethoprim-Sulfamethoxazole) → PCP (*Pneumocystis Carinii* Pneumonia), uncomplicated cystitis
- Tetracycline, griseofulvin - is never the right answer
- Ampicillin + sulbactam, Amoxicillin + clavulanic acid = augmentin, piperacillin + tazobactam → cover *staph* + *gr* $\ominus$

Antiviral drugs

- Oseltamivir, zanamivir → -IVIR = influenza
- Ritonavir, indinavir, saquinavir... → -**AVIR** = AIDS
- Acyclovir, famovir → -**OVIR** = Oh shit i got herpes!

Gram $\ominus$ Rods (*E.coli*, *klebsiella*, *proteus*, *enterobacter*, *pseudomonas*, *morganella*...)

- Aminoglycoside and carbapenem (cover 80% of *E.coli*), aztreonam, FQ (fluoroquinolone: ciproquinol, cipro-, o-, nor-, levo-, moxi-, sparfloxacin); III-IV gen. Cephalosporin (ceftazidime, cefepime); antipseudomonal penicillin (pipera-, tica-, azlo-, mezlocillin)

Anaerobes

- Resp infection (above diaphragma) → Rx clindamycin
- GI infection → metronidazole
- Carbapenems

By Infections

Dermatologic

- Gonorrhoeae (N. gonorrhoeae) - ceftriaxone
- Chlamydia (C. trachomatis) - Erythromycin, azithromycin, doxycycline

- Pseudomonas aeruginosa - Piperacillin Tazobactam
- MRSA - Vancomycin