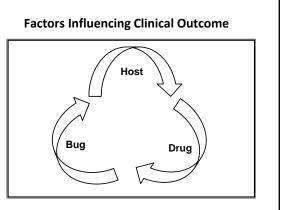
Antimicrobial Agents

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Steps in Decision Making for Use of Antimicrobial Agents

- 1. Determine diagnosis
- 2. Consider age and preexisting condition
- 3. Consider common organisms
- 4. Consider organism susceptibility
- 5. Obtain proper cultures
- 6. Initiate empiric therapy
- 7. Modify therapy based on culture results and patient response
- 8. Follow clinical response
- 9. Stop therapy



Selection of Antimicrobial Therapy: Host Factors

- → Site of infection
- → Immune status
- Pathophysiological conditions: Altering pharmacokinetics of antimicrobials
 - Edema: Increased volume of distribution
 - Burn: Enhanced renal clearance
 - Renal failure: Reduced renal clearance

Site	Good/adequate penetration	Poor penetration
CNS	β-lactams, TMP/SMX, metronidazole, rifampin	Vancomycin, aminoglycosides, clindamycin
Intracellular pathogens	Tetracyclines, macrolides, fluoroquinolones	β-lactams
Respiratory	β-lactams, fluoroquinolones, linezolid	Daptomycin, vancomycin, aminoglycosides
Prostate	TMP/SMX, fluoroquinolones	β-lactams
Bone/joint	β-lactams, fluoroquinolones, clindamycin	Macrolides
Urinary	Ciprofloxacin, most β- lactams, ampho B, fluconazole	Moxifloxacin, itraconazole voriconazole, echinocandins

Site of Infection

- → Foreign bodies
 - Often necessary to remove the foreign material to cure an infection
 - Probably because of localized impairment of host defense mechanisms
 - Foreign body often serves as a nidus on which organisms can adhere and produce extracellular substances such as glycocalyx or biofilm, which may interfere with phagocytosis