

# Judicious Use of Antimicrobial Therapy: Inpatient setting (case approach)

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# A 3 years old boy from Bangkok has OPD visit

- CC: Fever, vomiting 1 day
- PE: Temp 37.2 ° C, injected pharynx
- Heart : OK
- Lung: clear
  
- Dx: Acute pharyngotonsillitis with vomiting
- Rx: Cedax , Rhinathiol
  
- Past Hx : two weeks ago he received amoxi-clavulanate for URI for a few days

-3 days later the patient visits OPD again  
with fever everyday and received azithromycin  
-1 day high fever, severe cough. He was admitted

PE: T 40°C, RR 60/min

Good consciousness, No stiffness of neck.

Creptitations on Rt lung

Decreased breath sound on left side

LAB:

CBC: Hb 10 g/dl, WBC 18,500/cu.mm. (PMN 69%,  
Lymph 1%, Mono 3%, Band 21%)

## **CXR:**

- Opacity Lt. Lower lung field
- Patchy infiltration Rt. Lung

Pleural fluid exam:

Turbid, cells 118,000, WBC 116,400 (PMN 89%,  
Mono 11%), protein 4.2 g/dL

Pleural fluid gram stain: Numerous gram -negative rod

**What is the proper management?**