

trimethoprim/sulfamethoxazole (Bacter-Aid DS, Bacterim DS, Novo-Trimel, Nu-Cotrimox, Septra, Septra DS, Sultrex, SMZ/TMP, Apo-Sulfatrim, Protrin DF)

Classification:	Indication:	
Sulfanamide-misc.	UTI, otitis media, acute and chronic prostatitis, shigellosis, chancroid, traveler's diarrhea, Enterobacter sp, E-Coli, haemophilis influenzae, nocardiosis.	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> - Aseptic meningitis, drug fever, enterocolitis, renal failure, toxic nephrosis, leuko/neutropenia., Hensch Schonlein purpura, methemoglobinemia. Anaphylaxis, SLE. - Thiazide diuretics -thrombocytopenia - Potassium sparing diuretics, and supplements - potassium level increase. - Sulfonylurea agents - hypoglycemic response - Oral anticoagulants - increase anticoagulant effects. - Increase levels of dofetilide - Methenamine - increases crystalluria - Methotrexate - cause bone marrow depressant effects. 	<ul style="list-style-type: none"> - Assess abdominal pain and blood in stools, hypoglycemia. - Don't use over 8 weeks and avoid smoking. - Avoid antacids, milk, alkaline water in 1 hr of use. - Increase fluid intake. 	

vancomycin (Vancocin)

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Classification:	Indication:
Tricyclic glycopeptide	Treats life-threatening infections when less toxic anti-infectives are contraindicated. Useful in staphylococcal infections like” endocarditis, meningitis, osteomyelitis, pneumonia, septicemia, soft tissue infections.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">- Necrosis, nephrotoxicity, increase BUN, creatinine, and albumin. Cardiac arrest, vascular collapse, permanent deafness.	<ul style="list-style-type: none">- Adult IV should be 15-20 mg/kg loading dose in serious ill.- Do not use with cholestyramine, colestipol, cidofovir.- Assess for nephrotoxicity by assessing intake and output, reporting hematuria, oliguria, nephrotoxicity may occur; BUN, and creatinine.

gentamicin (Cidomycin)

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Classification:	Indication:
Aminoglycoside	Severe systemic infections of CNS, respiratory, GI, urinary tract, bone, skin, soft tissues caused by strains of pseudomonas aeruginosa, Proteus, Klebsiella, serratia, e-coli, Enterobacter, Citrobacter, staphylococcus, shigella, salmonella, Acinetobacter, bacillus anthracis. <i>Unlabeled:</i> bartonellosis, bronchiectasis, cystic fibrosis, endocarditis prophylaxis, febrile neutropenia, gonorhea, granuloma inguinale, PID, plaque, surgical infection prophylaxis, tubovarian abcess, tularemia.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> - apnea - myasthenia gravis-like symptoms Twitching Alopecia Oliguria Azotemia Hepatic necrosis Deafness Encephalopathy Seizures Numbness Confusion Depression Dizziness Vertigo Muscle paralysis 	<ul style="list-style-type: none"> - DO NOT use if pregnant - DO NOT USE if patient has myasthenia gravis, parkinson's disease, nephrotoxicity, neurotoxicity, ototoxicity. - DO NOT mix with penicillins

ceftiofur (Ceftiofur)

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Classification:	Indication:
Second generation cephalosporins	Treats infections caused by respiratory tract infection, skin and structure infections, Urinary Tract Infections, Otitis media.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">- Probenecid decreases excretion. And increases blood levels.- Can cause seizures in high doses.- C-Diff- Anaphylaxis and serum sickness- Seizures- Pseudomembranous colitis, renal failure.- Serum sickness.	<ul style="list-style-type: none">- Identify allergies before use- Obtains c&s specimen before use- Shake susp, refrigerate, discard after 2 weeks- 10-14 days ensure organism death prevents superinfection.

ciprofloxacin (Cipro, Cipro XR)

Classification:	Indication:
fluoroquinolones	Treats skin and skin structure infections, bone and joint infections, complicated intra-abdominal infections, post-exposure inhalation anthrax, infectious diarrhea, typhoid. Chronic bacterial prostatitis, acute sinusitis, post. Inhalation anthrax, Legionnaire's disease
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">- Pancreatitis, bone marrow depression, toxic epidermal necrolysis, QT prolongation, pseudotumor cerebri, tendon rupture, arthralgia.- Increases levels of CYP1A2 inhibitors- Increases warfarin side effects	<ul style="list-style-type: none">- Do not use if tendon pain/rupture, tendinitis, myasthenia gravis, nephrotoxicity.- Specific dosages for adults with nephrotoxicity.-

**amoxicillin (Amoxil, Apo-Amoxi, Lin-Amox, Moxatag, Novamoxin,
Nu-Amoxil)**

Classification:	Indication:	
Aminopenicillin	<p>Can treat skin, respiratory, gastrointestinal or genitourinary infections. Otitis media, gonorrhea.</p> <p>Unlabeled: lyme disease, anthrax, prophylaxis, cervicitis, chlamydia tachomatis, dental abcess/infection, dyspepsia, non-gonococcal urethritis, periodontitis, typhoid fever, prophylaxis of bacterial endocarditis.</p>	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> - Pseudomembranous colitis - Urticaria rash - Exfoliative dermatitis 	<ul style="list-style-type: none"> - Nephrotoxicity - C&S before product therapy; product may be given as soon as culture taken. - Skin eruptions after administration of penicillin 1 week after. - Must report sore throat, fever, fatigue, diarrhea. - Decreased output. 	

acyclovir (Avirax, Sitavig, Zovirax)

Classification:		Indication:	
Purine nucleoside analog		Mucocutaneous herpes simplex virus, herpes genitalis, varicella infections, herpes zoster, herpes simplex encephalitis. <i>Unlabeled uses:</i> bell's palsy, prevent CMV, Epstein-Barr virus, esophagitis, hairy leukoplakia, prevent herpes labialis, keratoconjunctivitis, pharyngitis, pneumonitis, prevent postherpetic neuralgia, proctitis, stomatitis, tracheobronchitis, varicella prophylaxis.	
Side effects/ adverse reactions:		Nursing Considerations:	
<ul style="list-style-type: none">- Gingival hyperplasia, vaginitis, moniliasis, glomerulonephritis, acute renal failure, changes in menses, polydipsia, hemolytic uremic syndrome. Unusual sweating.		<ul style="list-style-type: none">- Base dose on obese patients on ideal body weight not actual weight- Toxicity may occur rapidly with any patient with renal problems.- Watch for purulent drainage- Check for protein in urine during treatment-	

azithromycin (AzaSite, Zithromax, Zmax)

Classification:	Indication:	
Macrolide (azalide)	<p>Mild to moderate infection of upper respiratory tract, lower respiratory tract, uncomplicated skin and skin structure infections. Acute pharyngitis/tonsillitis, acute skin/soft tissue infections; community acquired pneumonia. Bacterial conjunctivitis.</p> <p><i>Unlabeled:</i> babesiosis, chlorea cystic fibrosis, dental abcess/ infection, endocarditis prophylaxis, granuloma inguinale, Legionnaire's disease, Lyme disease, lymphogranuloma venereum, MAC, periodontitis, pertussis, prostatitis, shigelosis, syphilis, toxoplasmosis, typhoid fever.</p>	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> - Torsades de pointes - Loss of semll - Flatulence - Melena - Cholestatic jaundice - Pseudomembranous colitis - Tongue discoloration - Moniliasis - Nephritis - Angioedema - Ergot toxicity - Pimozide; fatal reaction DO NOT USE w/ this med. - Prolongs QT wave if used with amiodarone, quinidine, nilotinib, droperidol. - Increases effects of oral anti-coagulants, digoxin, methylprednisolone, cyclosporine. 	<ul style="list-style-type: none"> - Serious skin reactions - Superinfections - Cardiovascular death has occurred in those with serious bradycardia or ongoing hypokalemia, hypomagnesemia and avoid usage. - Notify nurse of dark urine and signs of jaundice. 	

fluconazole (Diflucan)

Classification:	Indication:	
Antifungal, systemic, azole	<p>Oropharyngeal candidiasis, chronic mucocutaneous candidiasis, systemic, vaginal urinary candidiasis, cryptococcal meningitis, prevention of candidiasis in bone marrow transplant in those who receive chemotherapy/radiation therapy.</p> <p><i>Unlabeled: systemic candidiasis, blastomycosis, cryptococcosis, endophthalmitis, histoplasmosis, infectious arthritis, myocarditis, osteomyelitis, pericarditis.</i></p>	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> - Hepatotoxicity, cholestasis. - Hypoglycemia if mixed with oral sulfonylureas (glipizide) - Increases anticoagulation if mixed with warfarin. - Increases plasma concentrations if mixed with cyclosporine, phenytoin, theophylline, rifabutin, tacrolimus, sirolimus, zidovudine, zolpidem. - If mixed with HMG-CoA reductase inhibitors: lovastatin, simvastatin then increases myopathy, rhabdomyolysis risk. - Decreases effect of calcium channel blockers - Decreases fluconazole effects of proton pump inhibitors - Increases alk phos drug test, LFTs - Decreases WBC platelets. 	<ul style="list-style-type: none"> - Assess skin symptoms - Birth defects may occur with pregnancies/breast feeding. 	