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

| Classification: | Indication: |
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| Sulfanomide-misc. | UTI, otitis media, acute and chronic prostatis, shigellosis, chancroid, traveler's diarrhea, Enterobacter sp, E-Coli, haemophilis influenzae, nocardiosis. |

| Side effects/ adverse reactions: | Nursing Considerations: |
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| - Aseptic meningitis, drug fever, enterocolitis, renal failure, toxic nephrosis, leuko/neutropenia., Henoch Schonlein purpura, methemoglobinemia. Anaphylaxis, SLE.<br>- **Thiazide diuretics** –thrombocytopenia<br>- **Potassium sparing diuretics, and supplements** – potassium level increase.<br>- **Sulfonylurea agents** – hypoglycemic response<br>- **Oral anticoagnulants –** increase anticoagulant effects.<br>- **Increase levels of dofetilide**<br>- **Methenamine –** increases crystalluria<br>- **Methotrexate –** cause bone marrow depressant effects. | - Assess abdominal pain and blood in stools, hypoglycemia.<br>- Don't use over 8 weeks and avoid smoking.<br>- Avoid antacids, milk, alkaline water in 1 hr of use.<br>- 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: |
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| - Necrosis, nephrotoxicity, increase BUN, creatinine, and albumin. Cardiac arrest, vascular collapse, ***permanent deafness.*** | - Adult IV should be 15-20 mg/kg loading dose in serious ill.<br>- Do not use with cholestyramine, colestipol, cidofovir.<br>- Assess for nephrotoxicity by assessing intake and output, reporting hematuria, oliguria, nephrotoxicity may occur; BUN, and creatinine. |

# gentamicin (Cidomycin)

| 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.<br>*Unlabeled:* bartonellosis, bronchiectasis, cystic fibrosis, endocarditis prophylaxis, febrile neutropenia, gonorrhea, granuloma inguinale, PID, plaque, surgical infection prophylaxis, tubovarian abcess, tularemia. |

| Side effects/ adverse reactions: | Nursing Considerations: |
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| - apnea<br>- myasthenia gravis-like symptoms<br>Twitching<br>Alopecia<br>Oliguria<br>Azotemia<br>Hepatic necrosis<br>Deafness<br>Encephalopathy<br>Seizures<br>Numbness<br>Confusion<br>Depression<br>Dizziness<br>Vertigo<br>Muscle paralysis | - DO NOT use if pregnant<br>- DO NOT USE if patient has myasthenia gravis, parkinson's disease, nephrotoxicity, neurotoxicity, ototoxicity.<br>- DO NOT mix with penicillins |

| cefaclor (Ceclor) | |
|---|---|
| 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: |
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| - Probenecid decreases excretion. And increases blood levels.<br>- Can cause seizures in high doses.<br>- C-Diff<br>- Anaphylaxis and serum sickness<br>- Seizures<br>- Pseudomembranous colitis, renal failure.<br>- Serum sickness. | - Identify allergies before use<br>- Obtains c&s specimen before use<br>- Shake susp, refrigerate, discard after 2 weeks<br>- 10-14 days ensure organism death prevents superinfection. |

| ciprofloxacin (Cipro, Cipro XR) | |
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| Classification: | Indication: |
| fluoroquinolones | Treats skin and skin structure infections, bone and joint infections, complicated intra-abdominal infections,postezposure inhalation anthrax, infectious diarrhea, typhoid. Chronic bacterial prostatsis, acute sinusitis, post. Inhalation anthrax, Legionnaire's disease |

| Side effects/ adverse reactions: | Nursing Considerations: |
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| - Pancreatitis, bone marrow depression, toxic epidermal necrolysis, QT prolongation, pseudotumor cerebri, tendon rupture, arthralgia.<br>- Increases levels of CYP1A2 inhibitors<br>- Increases warfarin side effects | - Do not use if tendon pain/rupture, tendinitis, myasthenia gravis, nephrotoxicity.<br>- Specific dosges for adults with nephrotoxicity.<br>- |

| amoxicillin (Amoxil, Apo-Amoxi, Lin-Amox, Moxatag, Novamoxin, Nu-Amoxil) | |
|---|---|
| Classification: | Indication: |
| Aminopenicillin | Can treat skin, respiratory, gastrointestinal or genitourinary infections. Otitis media, gonorrhea.<br>Unlabeled: lyme disease, anthrax, prophylaxis, cervititis, chlamydia tachomatis, dental abcess/infection, dyspepsia, non-gonococcal urethritis, periodontitis, typhoid fever, prophylaxis of bacterial endocarditis. |

| Side effects/ adverse reactions: | Nursing Considerations: |
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| - Pseudomembranous colititis<br>- Urticaria rash<br>- Exfoliative dermatitis | - Nephrotoxicity<br>- C&S before product therapy; product may be given as soon as culture taken.<br>- Skin eruptions after administration of penicillin 1 week after.<br>- Must report sore throat, fever, fatigue, diarrhea.<br>- Decreased output. |

| acyclovir (Avirax, Sitavig, Zovirax) | |
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| Classification: | Indication: |
| Purine nucleoside analog | Mucocutaneous herpes simplex cirus, herpes genitalis varicella infections, herpes zoster, herpes simplex encephalitis.<br>*Unlabeled uses:* bell's palsy, prevent CMV, Epstein-Barr virus, esophagitis, hairy leukoplakia, prevent herpes labialis, keratoconjunctivitis, pharyngitis, pneumonitis, prevent postherpetic neuralgia, procitis, stomatitis, tracheobroncitis, varicella prophylaxis. |

| Side effects/ adverse reactions: | Nursing Considerations: |
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| - Gingival hyperplasia, vaginitis, moniliasis, glomerulonephritis, acute renal failure, changes in menses, polydipsia, hemolytic uremic syndrome. Unsual sweating. | - Base dose on obsess patients on ideal body weight not actual weight<br>- Toxicity may occur rapidly with any patient with renal problems.<br>- Watch for purulent drainage<br>- Check for protein in urine during treatment<br>- |

## azithromycin (AzaSite, Zithromax, Zmax)

| Classification: | Indication: |
|---|---|
| Macrolide (azalide) | Mild to moderate infection of upper respiratory tract, lower respiratory tract, uncomplicated skin and skin structure infections. Acute pharyngitis/tonsilitis, acute skin/soft tissue infections; community acquired pneumonia. Bacterial conjunctivitis.<br>*Unlabeled:* babesiosis, chlorea cystic fibrosis, dental abcess/ infection, endocarditis prophylaxis, granuloma inguinale, Legionnaire's disease, Lyme disease, lymphogranuloma venereum, MAC, periodontitis, pertussis, prostatis, shigelosis, syphilis, toxoplasmosis, typhoid fever. |

| Side effects/ adverse reactions: | Nursing Considerations: |
|---|---|
| - Torsades de pointes<br>- Loss of semll<br>- Flatulence<br>- Melena<br>- Cholestatic jaundice<br>- Pseudomembranous colitis<br>- Tongue discoloration<br>- Moniliasis<br>- Nephritis<br>- Angioedema<br>- Ergot toxicity<br>- Pimozide; fatal reaction DO NOT USE w/ this med.<br>- Prolongs QT wave if used with amiodarone, quinidine, nilotinib, droperidol.<br>- Increases effects of oral anti-coagulants, digoxin, methylprednisolone, cyclosporine. | - Serious skin reactions<br>- Superinfections<br>- Cardiovascular death has occurred in those with serious bradycardia or ongoing hypokalemia, hypomagnesemia and avoid usage.<br>- Notify nurse of dark urine and signs of jaundice. |

## fluconazole (Diflucan)

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| Classification: | Indication: |
| Antifungal, systemic, azole | Oropharyngeal candidiasis, chronic mucotaneous candidiasis, systemic, vaginal urinary candidiasis, cryptococcal meningitis, prevention of candidiasis in bone marrow transplant in those who receive chemotherapy/radiation therapy.<br>*Unlabeled: systemic candidiasis,* blastomycosis, cryptococcosis, endophthalmitis, histoplasmosis, infectious arthritis, myocarditis, osteomyelitis, pericarditis. |

| Side effects/ adverse reactions: | Nursing Considerations: |
|---|---|
| - Hepatotoxicity, cholestasis.<br>- Hypoglycemia if mixed with oral sulfonylureas (glipizide)<br>- Increases anticoagulation if mixed with warfarin.<br>- Increases plasma concentrations if mixed with cyclosporine, phenytoin, theophylline, rifabutin, tacrolimus, sirolimus, zidovudine, zolpidem.<br>- If mixed with HMG-CoA reductase inhibitiors: lovastatin, simvastatin then increases myopathy, rhabdomyolysis risk.<br>- Decreases effect of calcium channel blockers<br>- Decreases fluconazole effects of proton pump inhibitors<br>- Increases alk phos drug test, LFTs<br>- Decreases WBC platelets. | - Assess skin symptoms<br>- Birth defects may occur with pregnancies/breast feeding. |