



Socratic Room ABX2018

Question

3yo F with no PMH presenting with a rash on her leg. It started out as a mosquito bite but has progressively gotten bigger due to patient's persistent scratching.

T	HR	RR	BP	SpO ₂
38.4	86	15	91/56	100%

Physical Exam

Wt: 33 lbs. 4x3cm warm, erythematous, non-raised, non-tender rash on R lateral mid-thigh. No induration or fluctuance.

Workup

N/A

Of the following, the most appropriate oral empiric regimen for this patient's non-purulent cellulitis is:

- A. TMP-SMX 40/200 mg per 5 ml solution 2 ml q12h
- B. TMP-SMX 40/200 mg per 5 ml solution 9.5 ml q12h
- C. Cephalexin 125 mg per 5 ml solution 12 ml q8h with TMP-SMX 40/200 mg per 5 ml 9.5 ml q12h
- D. Cephalexin 250 mg per 5 ml solution 13 ml q8h
- E. Clindamycin 75 mg per 5 ml solution 13 ml q6h



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calculated incorrectly based on sulfamethoxazole

No need to add cephalexin as TMP-SMX monotherapy has good streptococcus coverage

calculated incorrectly based on weight in pounds

incorrect frequency as clindamycin should be given every 8 hours



Bugs & Drugs Rapid Review

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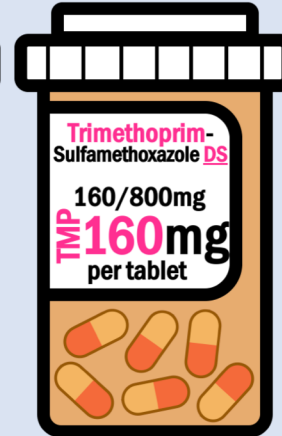
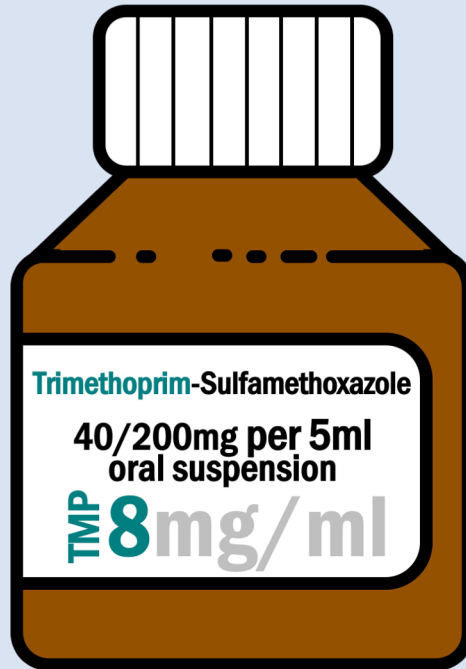
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DOB 11-01-2017

R_x Calculate TMP-SMX dose based on trimethoprim component*



*Remember, TMP-SMX tablets come in two concentrations

antibiotic case

SIGNATURE

03-23-2018

DATE