



# Socratic Room ABX2018

## Question

6yo M with no PMH presenting with two days of ab pain, fever, and diminished appetite. No sick contacts, recent travel, recent trauma, or new foods.

T	HR	RR	BP	SpO <sub>2</sub>
38.7	92	20	98/63	100%

## Physical Exam

Wt: 18 kg. Non-distended abdomen with +McBurney TTP, -Rovsing, -Murphy

## Workup

16.0	14.2	259	137	105	8.0	79	9.0
	42.5		3.8	23	0.6		2.5
							4.1

RLQ US: +non-compressible tubular structure

**Of the following, the most appropriate empiric regimen for this patient's appendicitis is:**

- A. Ceftriaxone 1000mg q12h with metronidazole 500mg q8h
- B. Ceftriaxone 1000mg q24h with metronidazole 500mg q8h
- C. Ceftriaxone 900mg q12h with metronidazole 500mg q8h
- D. Ceftriaxone 900mg q24h with metronidazole 500mg q8h



## Socratic Room **ABX2018**

Exceeds wt-based ceftriaxone dose of 50 mg/kg  
and incorrect ceftriaxone dosing frequency

Exceeds wt-based ceftriaxone dose of 50 mg/kg

Incorrect ceftriaxone frequency

**Of the following, the most appropriate empiric regimen for this patient's appendicitis is:**

- A. Ceftriaxone 1000mg q12h with metronidazole 500mg q8h
- B. Ceftriaxone 1000mg q24h with metronidazole 500mg q8h
- C. Ceftriaxone 900mg q12h with metronidazole 500mg q8h
- D. Ceftriaxone 900mg q24h with metronidazole 500mg q8h**



# Bugs & Drugs Rapid Review

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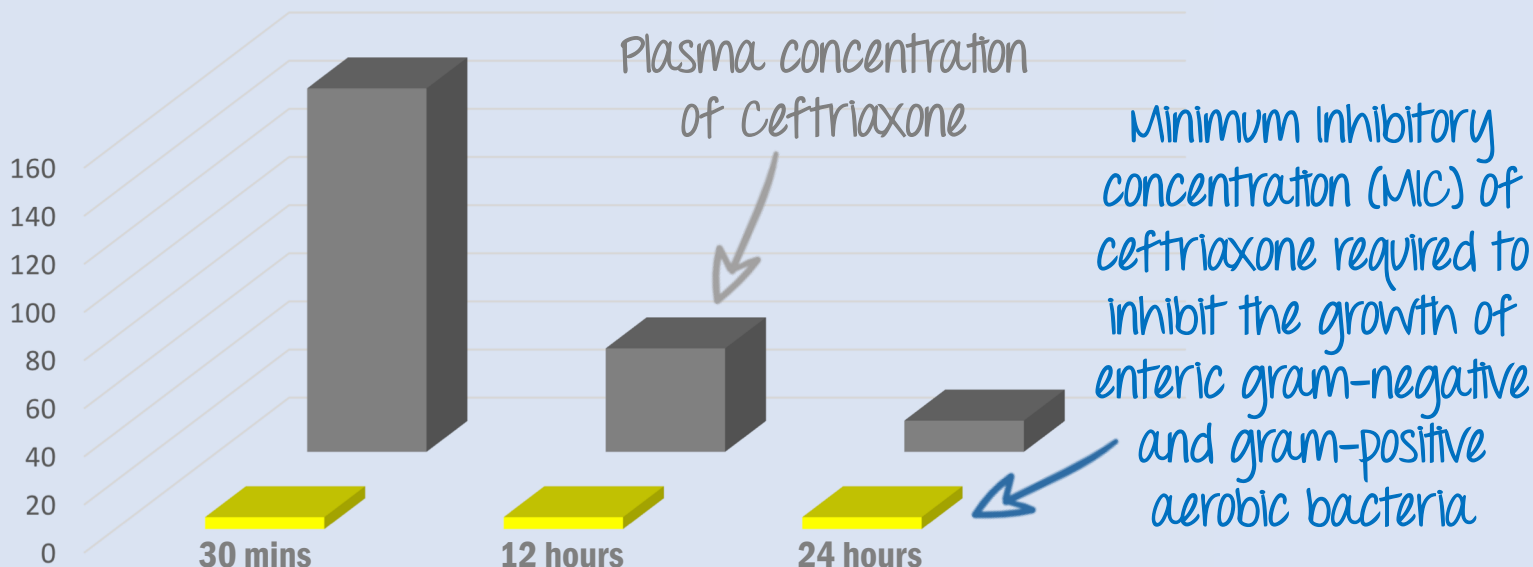
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DOB 11-01-2017

**Rx Ceftriaxone 50mg/kg q24h (max 1gm/dose) for intra-abdominal infections ensures maximum efficacy, minimizes toxicity, and reduces antimicrobial resistance**



*antibiotic czar*

SIGNATURE

03-30-2018

DATE