



Socratic Room ABX2018

Clinical Scenario

Fully-vaccinated 14yo F with no PMH admitted for multiple fractures sustained as a restrained passenger in a MVA s/p ORIF now has a fever and SOB on post-op day 4. Pain limits her ability to ambulate or use her incentive spirometer. No head injuries or LOC associated with the accident so there is no concern for aspiration.

T	HR	RR	BP	SpO ₂
39.0	110	32	116/73	89% on 2L NC

Physical Exam

Young female in moderate distress. LLL rhonchi. No wheezing or stridor. RRR. L UE and L LE in post-surgical dressings.

Workup

	Hospital Day 1			POD4
Hb	13.2	12.7	12.8	12.6
WBC	15.0	14.6	14.7	25.1

CXR: LLL consolidation Viral Resp PCR: neg

Of the following, the most appropriate empiric antibiotic regimen for this patient is:

- A. Ceftriaxone
- B. Cefepime
- C. Ampicillin
- D. Azithromycin



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Of the following, the most appropriate empiric antibiotic regimen for this patient is:

- A. ~~Ceftriaxone~~ *Good for CAP but not suitable for HAP due to lack of Pseudomonas coverage*
- B. Cefepime** *Good for Enterobacteriaceae and Pseudomonas coverage*
- C. ~~Ampicillin~~ *Same as A*
- D. ~~Azithromycin~~ *Good for mild CAP but not suitable for HAP due to lack of Pseudomonas and Staph coverage*



Bugs & Drugs Rapid Review

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DOB 11-01-2017

Rx

Know the differences between community-acquired vs hospital-acquired/ventilator-associated pneumonia

CAP



New infiltrate + fever, leukocytosis, purulent sputum, and/or decline in oxygenation

Mild-mod **Amoxicillin**
Severe **Ampicillin or Ceftriaxone**

Strep pneumo

Mycoplasma pneumoniae, *Chlamydophila pneumoniae*, resp gram negatives like *H. flu*

HAP



PNA occurring 48 hours or more after, but not present at, admission

Cefepime or Piperacillin-Tazobactam ± Vancomycin

Enterobacteriaceae: **E. coli & Kleb pneumo**

Pseudomonas aeruginosa, *Streptococcus pneumoniae*, *Staphylococcus aureus*, *Haemophilus influenzae*, *Acinetobacter* spp.

VAP

PNA occurring 48 hours or more after endotracheal intubation

Recommended empiric abx

covers for most common bugs

along with

antibiotic cov

SIGNATURE

05-04-2018

DATE