

AMINGLYCOSIDES – the little “MYCINS”

Used for gram neg bacteria – esp. nosocomial
Streptomycin, tobramycin, gentamicin, karamycin, neomycin
SE: all typical – but watch esp. for OTOTOXICITY and KIDNEY damage
DO NOT MIX GENTAMICIN and HEPARIN! Or mix with penicillins

CARBAPENEMS – the “PENEMs”

Broad spectrum
Ertapenem, imipenem, meropenem
SE: All – esp. diarrhea
Does not mix well with other antibiotics and drugs.

PENICILLINS – the “CILLINS”

1st antibiotics created – variety of uses – ear infections, pneumonia, UTI, STD, prophylactic – but some microbes have become resistant
Penicillin, Amoxicillin, Ampicillin, Nafacillin, Ticarcillin
SE – Watch for all typical SE – N/V/Diarrhea, allergic, sore mouth, furry tongue, superinfections
Do not mix with other drugs
May interfere with oral contraceptives!!

CEPHALOSPORINS -the “CEFs”

Treat Gram + or - depends on the “generation” of the bacteria - are similar to the penicillins
Cefaclor, Cefaroxil, Cefoxin, Ceftazidine, ceftriaxone, cephalexin, Loracabef – (Lorabid)
Watch for allergies to penicillins – are very close and may have cross sensitivity – and KIDNEY damage
All typical SE – N/V/Diarrhea, Allergic/Superinfections
Do not take with antacids.

ANTIBIOTICS

Always assess for allergies before giving any antibiotic!

MACROLIDES – the 4 BIG “MYCINS”

used for Gram + or - - used for a variety of sites of infections – resp, skin, GI, STD
“ACED”
Azithromycin (Zithromax) (take for 3-5 days)
Clarithromycin (Biaxin)
Erthromycin (E-mycin)
Dirithromycin (Dynabac)
Watch for all typical SE – may interfere with numerous drugs and excretion – watch for drug toxicity. May interfere with oral contraceptives

KETOLIDES – NEW

similar to Macrolides – (used only when resistant)
Used for 2nd line of defense for resistant bacteria – esp. Gram + resp infections
Ketex
Watch for all typical SE
May interfere with oral contraceptives

QUINOLONES / FLUOROQUINOLONES – the “FLOs”

Affects Gram + and – broad spectrum
Ciprofloxacin (Cipro), Levofloxacin (Levaquin), Norfloxacin (Noroxin), Ofloxacin (Floxin)
Watch for all typical SE and Headache, dizziness, photosensitivity, rash
Extreme caution using w. NSAIDS may cause seizures

SULFONOMIDES –the “SULFAs”

Not really antibiotics – work by inhibiting folic acid in bacteria – death – use mainly in UTI and otitis media (ear infections)
Sulfamethoxazole
Trimethoprim/Sulfamethoxazole (TMP/SMZ, Bactrim, Septra)
Watch for all SE – esp kidney and liver toxicity, photosensitivity. Headache, dizziness, seizures.
Encourage water intake

TETRACYCLINES – the “CYCLINES”

Demeclocycline, Doxycycline, Minocycline, Oxytetracycline, Tetracycline

Watch for liver toxicity, stains teeth, Bone damage, photosensitivity, rash
Take 1 hr before or 2 hr after any dairy products or antacids

GLYCYCLINES – NEW – “CYCLINE”

similar to tetracycline – used esp for skin infections that are resistant including MRSA
Tigecycline
Do NOT use with children – may cause tooth damage and staining – don't take with dairy
Given IV – watch for all typical SE and toxicity
May interfere with oral contraceptives

MISCELLANEOUS

STREPTOGRAMINS – NEW – the “PRISTINS”

Used for treatment of drug resistant such as MRSA & VRSA – very potent – used ONLY if a bacteria is resistant.
Given IV
Synercid (quinupristin/dafopristin)
Watch for all typical SE and toxicities!

MONOBACTAM - NEW

Aztreonam (Azactam)
Watch for Liver toxicity

VANCOMYCIN

very potent – reserved for resistant gram + bacteria
SE: All- esp watch for kidney damage and ototoxicity

Flagyl – kills bacteria as well as trich. & protozoans – used for intestinal superinfection w. protozoan from antibiotic therapy

Common SIDE EFFECTS of all Anti-Microbials

