

ANTIBIOTIC MEDICATIONS

This PCC pharmacology reference provides drug administration information based solely on PCC Guidelines. This reference should not be used for the administration of these medications for any environment outside of tactical combat casualty care on the battlefield or in the combat/tactical setting.

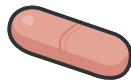
MOXIFLOXACIN

Fluoroquinolone antibiotic

Used by All Service Members (ASM),
Combat Lifesavers (CLS) and
Combat Medics (CM)

Recommended for all open combat wounds if able to take PO meds.

DOSAGE(S):	400 mg q day
ROUTE(S):	PO
CONTRA-INDICATIONS:	Quinolone hypersensitivity, hepatic insufficiency, syphilis, arrhythmias, myocardial ischemia or infarction, QTc prolongation, hypokalemia, or those receiving Class IA or Class III antiarrhythmic drugs, potential benefits may warrant use in pregnant women despite potential risks if the alternative is worse
POTENTIAL SIDE EFFECTS:	Dizziness, headache, peripheral neuropathy, nausea, diarrhea, abdominal pain, vomiting, taste perversion, abnormal LFTs, dyspepsia, tendon rupture
DRUG INTERACTIONS:	Iron, zinc, antacids, aluminum, magnesium, calcium, and sucralate decrease absorption, atenolol, cispripide, erythromycin, antipsychotics, TCAs, quinidine, procainamide, amiodarone, sotalol may prolong QTc interval, may cause false positive on opiate screening tests



ONSET / PEAK / DURATION: 1 hr/2 hr/20-24 hr

TACTICAL CONSIDERATIONS: Use the moxifloxacin from the casualty's own Combat Wound Medication Pack. Minimal to no mission impact.

ERTAPENEM

Carbapenem, beta-lactam antibiotic

Used by Combat Medics (CM)

Recommended for all open combat wounds if unable to take PO meds.

DOSAGE(S):	1 gm
ROUTE(S):	IV, IO, IM
CONTRA-INDICATIONS:	Hypersensitivity to carbapenem, beta-lactam, or amide-type local anesthetics (i.e., lidocaine), considered relatively safe in pregnancy, if clinically indicated
POTENTIAL SIDE EFFECTS:	Injection site phlebitis or thrombosis, asthenia, fatigue, death, fever, leg pain, anxiety, altered mental status, dizziness, headache, insomnia, chest pain, hypo- or hypertension, tachycardia, edema, abdominal pain, diarrhea, acid reflux, constipation, dyspepsia, nausea, vomiting, increased LFTs, cough, dyspnea, pharyngitis, rales, rhonchi, respiratory distress, erythema, pruritus, rash
DRUG INTERACTIONS:	Probenecid decreases renal excretion



ONSET / PEAK / DURATION: 30 sec-5 min/30 min-2 hr/24 hr

TACTICAL CONSIDERATIONS: For IV reconstitute with 10 ml NS; for IM 3.2 ml 1.0% lidocaine without epinephrine. Minimal to no mission impact.

CEPHALEXIN

DOSAGE(S):	500 mg Tab
ROUTE(S):	PO
CONTRA-INDICATIONS:	Known hypersensitivity, prolonged use associated with fungal or bacterial superinfection
POTENTIAL SIDE EFFECTS:	Abdominal pain, agitation, anemia, confusion, diarrhea, elevated transaminases, epidermal necrolysis, erythema multiform, fatigue, gastritis, headache, hypersensitivity, pseudomembranous colitis, thrombocytopenia, toxic epidermal necrolysis, urticaria, vomiting
DRUG INTERACTIONS:	BCG Vaccine (live), cholera vaccine, typhoid vaccine (live), digoxin, estradiol, conjugated estrogens, metformin, probenecid, ticarcillin, warfarin, zinc



ONSET / PEAK / DURATION: 1 hour/1-2 hours/2-6 hours

TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines

TRIMETHOPRIM / SULFAMETHOXAZOLE (BACTRIM DS)

DOSAGE(S):	160 mg/ 800 mg 1 tab
ROUTE(S):	PO
CONTRA-INDICATIONS:	Known hypersensitivity, known megaloblastic or folate deficiency anemia, pregnant women at term and nursing mothers
POTENTIAL SIDE EFFECTS:	Anorexia, nausea, vomiting, vertigo, seizure, peripheral neuritis, erythema multiforme, hyperkalemia, rash, urticaria, hypersensitivity reaction, Stevens-Johnson syndrome, toxic epidermal necrolysis, agranulocytosis, aplastic anemia, hyponatremia, fulminate hepatic necrosis
DRUG INTERACTIONS:	Amiodarone, BCG vaccine (live), bivalirudin, cholera vaccine, disopyramine, enoxaparin, heparin, lopinavir, mefloquine, methotrexate, procainamide, quinidine, sotalol, tretinoin



ONSET / PEAK / DURATION: 1-4 hours/1-4 hours/12 hours

TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines

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CEFAZOLIN

DOSAGE(S):	1 mg Injection
ROUTE(S):	IV/IM
CONTRA-INDICATIONS:	Known hypersensitivity, use with caution in those with seizure disorder
POTENTIAL SIDE EFFECTS:	Anorexia, diarrhea, eosinophilia, fever, increased transaminases, leukopenia, nausea and vomiting, neutropenia, oral candidiasis, phlebitis, pseudomembranous colitis, seizure, Stevens-Johnson syndrome, thrombocytopenia, thrombocytosis, vaginitis
DRUG INTERACTIONS:	NBCG vaccine (live), bivalirudin, cholera vaccine, dalteparin, enoxaparin, heparin, typhoid vaccine (live)



ONSET / PEAK / DURATION: 0.5-1 hour/1-2 hours/2-6 hours
TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines

CLINDAMYCIN

DOSAGE(S):	150 mg 1 tab
ROUTE(S):	PO
CONTRA-INDICATIONS:	Known hypersensitivity, risk of potentially fatal pseudomembranous colitis - discontinue if significant abdominal cramps, nausea, or passage of blood or mucous occurs
POTENTIAL SIDE EFFECTS:	Abdominal pain, agranulocytosis, eosinophilia, diarrhea, fungal overgrowth, pseudomembranous colitis, hypersensitivity, Stevens-Johnson syndrome, rashes, urticaria, hypotension, nausea, vomiting, thrombophlebitis, neutropenia, thrombocytopenia, polyarthrits, renal dysfunction
DRUG INTERACTIONS:	BCG vaccine (live), cholera vaccine, pancuronium, rapacuronium, rocuronium, succinylcholine, typhoid vaccine (live), vecuronium



ONSET / PEAK / DURATION: 1 hour/1 hour/6 hours
TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines

CEFTRIAXONE

DOSAGE(S):	250 mg Injection
ROUTE(S):	IV/IM
CONTRA-INDICATIONS:	Known hypersensitivity, associate with tendinitis and tendon ruptures - discontinue if any muscle or tendon/ligament pain occurs
POTENTIAL SIDE EFFECTS:	Anaphylaxis, anemia, bronchospasm, candidiasis, diaphoresis, dizziness, induration following IM injection, eosinophilia, headache, leukocytosis, nausea, phlebitis, pruritis, thrombocytosis, diarrhea, elevated transaminases, leukopenia, rash
DRUG INTERACTIONS:	Calcium (acetate, carbonate, chloride, citrate, or gluconate), BCG vaccine (live), enoxaparin, heparin, typhoid vaccine (live), consider lidocaine max dose if used as solvent for IM injection



ONSET / PEAK / DURATION: 250mg-2g/24 hrs, based on clinical condition
TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines, must be reconstituted with NS, D5W, Lidocaine

METRONIDAZOLE

DOSAGE(S):	500 mg tab
ROUTE(S):	PO
CONTRA-INDICATIONS:	Known hypersensitivity, pregnancy in 1st Trimester
POTENTIAL SIDE EFFECTS:	Appetite loss, candidiasis, diarrhea, headache, nausea, vomiting, ataxia, hypersensitivity, neutropenia, metallic taste, neuropathy, pancreatitis, seizures, thrombophlebitis, xerostomia, optic neuropathy, Stevens-Johnson syndrome, toxic epidermal necrolysis
DRUG INTERACTIONS:	dronabinol, flibanserine, lomitapide, lonafarnib, BCG vaccine (live), dihydroergotamine, disulfiram, erythromycin, fentanyl, lovastatin, mebendazole, midazolam (intranasal), simvastatin



ONSET / PEAK / DURATION: 1-2 hours/1-2 hours/10 hours
TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines

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ANTIBIOTIC MEDICATIONS

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CLARITHROMYCIN

DOSAGE(S):	250 mg tab
ROUTE(S):	PO
CONTRA-INDICATIONS:	Known hypersensitivity, associated with QT prolongation, discontinue if signs of hepatitis occur
POTENTIAL SIDE EFFECTS:	Abnormal taste, diarrhea, nausea, vomiting, abdominal pain, rash, dyspepsia, headache, anaphylaxis, anorexia, clostridium difficile colitis, dizziness, dyspnea, hepatic dysfunction, hypoglycemia, elevated transaminases, jaundice, manic behavior, leukopenia, neutropenia, pancreatitis, QT prolongation, seizures, Stevens-Johnson syndrome, thrombocytopenia
DRUG INTERACTIONS:	Amiodarone, atorvastatin, buprenorphine, buspirone, chloroquine, ciprofloxacin, citalopram, clopidogrel, colchicine, cyclosporin, dalteparin, dexamethasone, diazepam, digoxin, dihydroergotamine, enoxaparin, epinephrine, erythromycin, estradiol, fentanyl, fluconazole, haloperidol, heparin, hydrocortisone, ibutilide, isoflurane, ketamine, ketoconazole, lithium, lovastatin, mefloquine, midazolam, modafinil, moxifloxacin, oxycodone, pentamidine, quinidine, saquinavir, simvastatin, voclosporin



ONSET / PEAK / DURATION: 0.5-1 hour/1-2 hours/2-6 hours

TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines

CIPROFLOXACIN

DOSAGE(S):	500 mg tab
ROUTE(S):	PO
CONTRA-INDICATIONS:	Known hypersensitivity
POTENTIAL SIDE EFFECTS:	Nausea, diarrhea, vomiting, abdominal pain, dizziness, insomnia, somnolence, dyspepsia, fever, dyspnea, rash, abnormal transaminases, headache, arthralgia, muscle weakness, hypersensitivity reactions, Stevens-Johnson syndrome, toxic epidermal necrolysis, erythema nodosum, blurred vision, tinnitus, bad taste
DRUG INTERACTIONS:	BCG vaccine (live), buprenorphine, cholera vaccine, clarithromycin, clomipramine, clozapine, desflurane, hydroxychloroquine, imipramine, iron sucrose, isoflurane, mefloquine, olazapine, theophylline, tizanidine, tretinoin



ONSET / PEAK / DURATION: .5-1 hour/1-2 hours/2-6 hours

TACTICAL CONSIDERATIONS: Alternate antibiotic given IAW PCC Guidelines