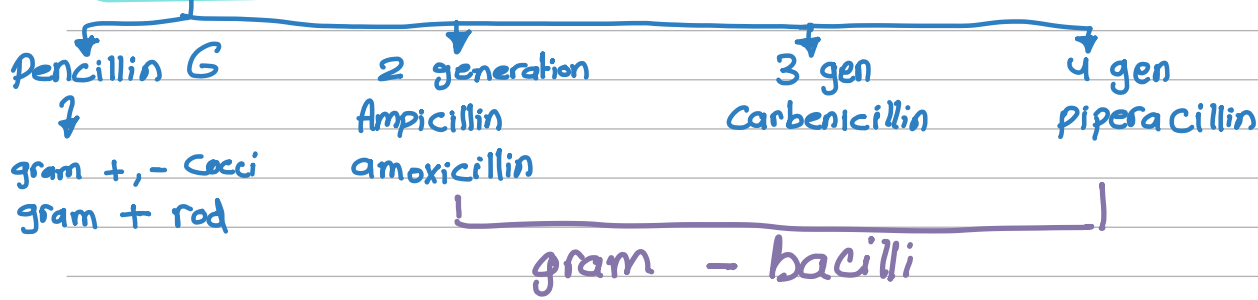
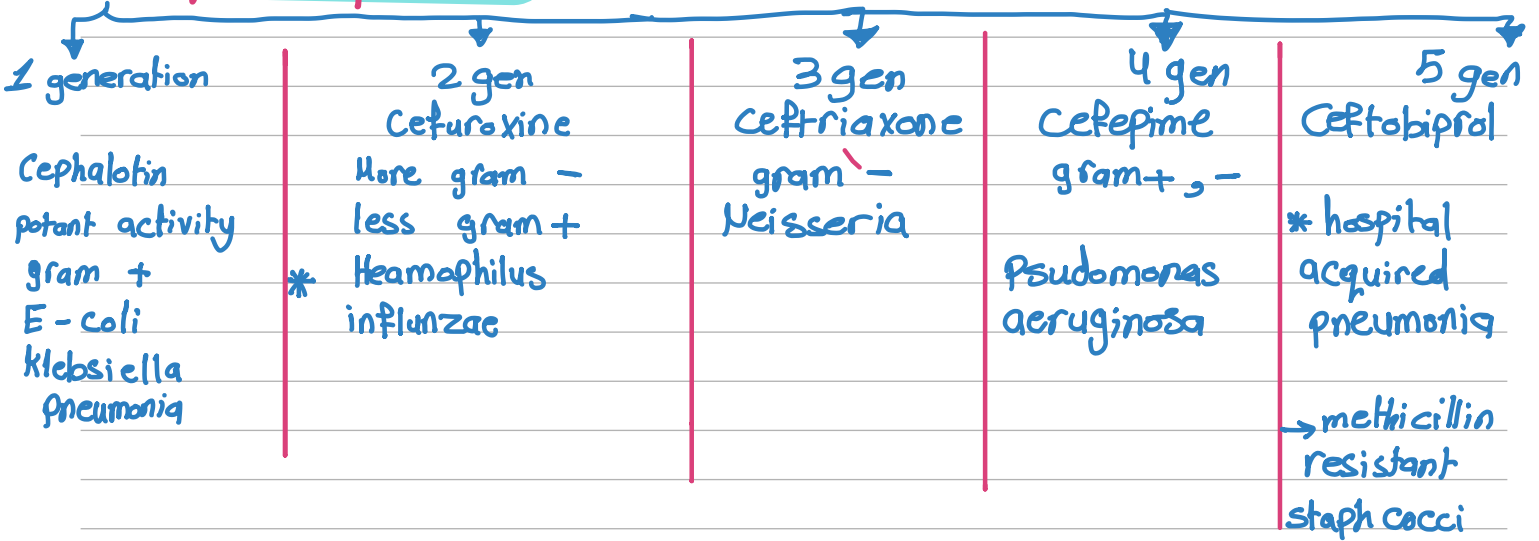


→ Otitis Media, meningitis, Sore throat, Pneumonia

Penicillin



Cephalosporins



Macrolide

Azithromycin, Clarithromycin, Erythromycin

gram (+), limited gram (-)

* Mycoplasma, Mycobacteria, Chlamydia

Viral infection →
Antibiotic - لا يبرأ

green / yellow discharge
↓
bacterial infection
عن صليان يكون Viral

Disease	Symptoms	Pathogens (common)	Pharmacotherapy
Rhinitis	Cough, headache, fever*, sore throat and rhinorrhea	Viruses <u>Rhinoviruses</u>	Supportive: Dextromethorphan, Anti-histamines, Pain-killers, Decongestants.

Common
Cold

Symptom (2-3)
day After infection

↓
No
Antibiotic

Upper respiratory tract infection

Disease	Symptoms	Pathogens (common)	Pharmacotherapy
Rhinitis	Cough, headache, fever*, sore throat and rhinorrhea	Viruses	Supportive: Dextromethorphan, Anti-histamines, Pain-killers, Decongestants.
Pharyngitis	Sore throat, difficulty speech and swallowing, swollen tonsils and bad breath <i>symptom last 3-5 days</i>	<u>Strep. Pyogens</u> : Penicillin/Amoxicillin (Oral) ^{^^} > Cephalosporin (Cephalexin) ^{^^} > Macrolide (Azithromycin) <u>Viral</u> : self-limiting: conservative + oral CS (1-2 for pain on swallowing) + lidocaine wash + NSAIDs <u>Candida albicans</u> : clotrimazole	<i>in case penicillin</i>
Sinusitis	Nasal congestion, facial swelling, tenderness, discharge (colour?) <i>green or yellow → bacteria</i>	<u>Strep. Pneumonia and H. Influenza.</u>	2 gen ❖ Amoxicillin/clavulanic acid ^{^^} > doxycycline or cephalosporins ^{3rd} (cefixime) ^{^^} > fluoroquinolone (levofloxacin or moxifloxacin) ❖ Chronic: Intranasal saline, Intranasal corticosteroids, Oral corticosteroids and antibiotics (limited evidence, after culture)
Acute Otitis Media <i>Inflammation of the Eustachian</i>	Ear pain (otalgia), fever, sensation of fullness <i>difficulty sleeping</i>	<u>Strep. Pneumonia, H. Influenza and Staph. aureus</u>	Amoxicillin-clavulanate ^{^^} > cephalosporin (Cefuroxime) ^{^^} > doxycycline or macrolide (Azithromycin) <i>untreated → eardrum rupture, CNS involvement</i>
Diphtheria <i>asymptomatic</i>	Sore throat, lack of appetite, low-grade fever and grey or white patch develops in the throat	Corynebacterium diphtheriae	Diphtheria antitoxin (horses) & erythromycin ^{^^} > penicillin <i>اول مرة بنصاحب الشخص بعزله الخيارات الثاني</i>
epiglottitis <i>* emergency</i>	Trouble swallowing, drooling, fever, aphonia and an increased breathing rate	Streptococcus pneumoniae and haemophilus influenzae	requires immediate airway management (tracheal intubation) Cephalosporin3rd (ceftriaxone) + vancomycin <i>First step علاج Airway management</i>
Croup and laryngitis	"barking/brassy" cough, inspiratory stridor, hoarseness, difficult breathing, fever and runny nose Starts or get worse at night	Mainly viral (parainfluenza and influenza) Rarely bacterial	Corticosteroids and nebulized epinephrin Used in very specific cases: Cephalosporin3rd (ceftriaxone) + vancomycin

Sotian Al Shboul ©

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lower respiratory tract infection

bronchitis

Acute
viral (No need Antibiotic)

Chronic (COPD)

bronchiolitis

respiratory syncytial virus (RSV)
** infant < 2 year*
** home care is sufficient*

pneumonia

one of the most common cause of death

CAP
Community acquired pneumonia

HAP
Hospital acquired pneumonia

لا يزولون بالمستشفى 48 h

therapy → 5 days

CAP <i>هذه حساسية بيسلح</i>	<ul style="list-style-type: none"> Patients without comorbidities: Amoxicillin OR A macrolide (azithromycin or clarithromycin) OR Doxycycline Patients with comorbidities: amoxicillin/clavulanate + macrolide or doxycycline ^{^^} > Alternative: cefuroxime + macrolide OR doxycycline hospitalized patient: Ampicillin/sulbactam OR ceftriaxone + azithromycin or doxycycline Alternative: Fluoroquinolone (Levofloxacin or Moxifloxacin)
HAP hospital acquired pneumonia	<ul style="list-style-type: none"> NO MDR: Piperacillin-tazobactam MDR: Meropenem ventilatory support و septic shock و IV antibiotic use the previous 90 days Atypical: Mycoplasma: doxycycline or macrolide (clarithromycin) Chlamydoiphila: doxycycline, macrolide, fluoroquinolones. Legionella: macrolide +/- rifampicin.
Aspiration <i>علاج كرف في مسك اميتان لهذا النوع</i>	<ul style="list-style-type: none"> Depends on the setting in which aspiration occurred: CAP: ampicillin-sulbactam or fluoroquinolone (high risk: add clindamycin) HAP: vancomycin + piperacillin-tazobactam
Viral usually influenza virus	<ul style="list-style-type: none"> No specific antiviral medications are recommended Influenza A: rimantadine or amantadine Influenza A or B may be treated with oseltamivir, zanamivir or peramivir.

Atypical pneumonia

(bacteria isn't common to cause pneumonia such as legionella, Mycoplasma, Chlamydia)

Aspiration

مشكلة ثانية تسبب بال Gatri content reflex → pneumonia

↓ decrease level of consciousness
tube feeding
poor oral health