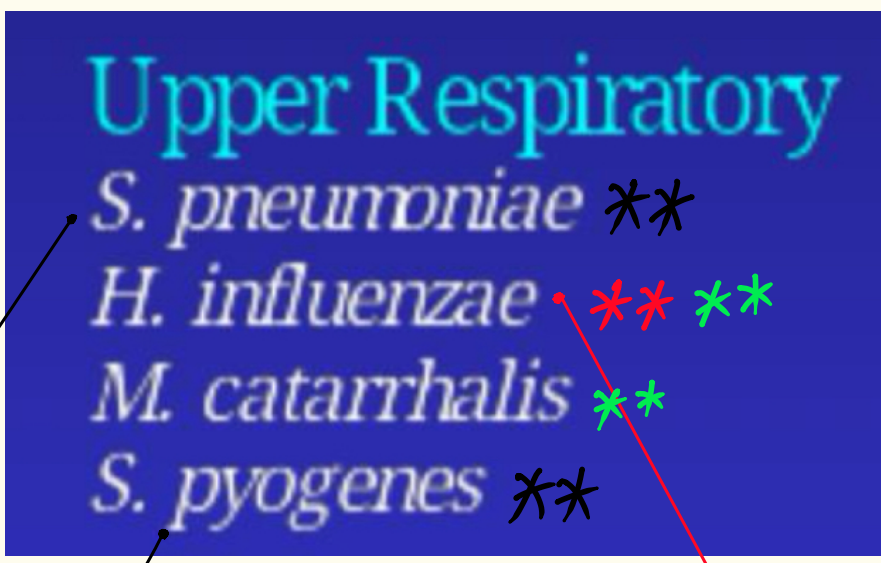


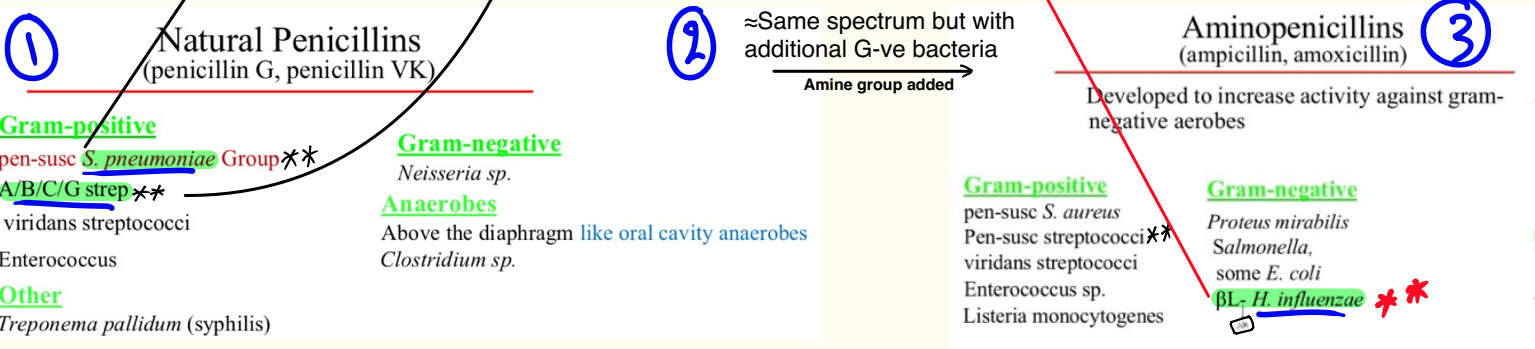
Treatment before culture results → empirical **توقعي**
 After results it becomes definitive

Resistance develops after month from prescription, **peaks** at the 3rd month then declines gradually throughout year.

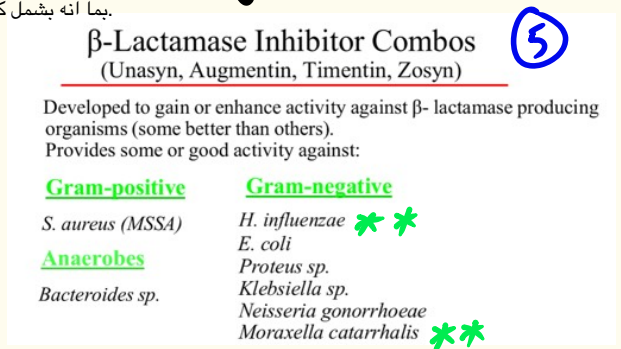
microorganisms in the mouth are **anaerobes** so dentists prefer augmentin, metronidazole, penicillin V for their effect against anaerobes.



1-5 : Step by step till reaching the empiric treatment for URTI .



④ Still maroxella catarrhalis and BL+ve influenza aren't included
 We add **B-lactamase inhibitor on amoxicillin** → augmentin
 All URTI causes are covered now , Thus augmentin is the **empirical treatment** for URTI
 بما انه يشمل كل اسباب ال URTI ف بقدر اعطيه قبل م اعرف شو pathogen ال



If meningitis results from them, they fall in penicillin G spectrum , thus penicillin G is the **definitive treatment**.
 (Definitive: used after days from stopping empirical therapy “de-escalating”).
 penicillin G (injectable form because its acid labile).

Strep throat and oral cavity infections **Empirical DOC** is penicillin v.

Benzathine penicillin is **prophylactic** in syphilis and Rheumatic fever.
 Benzathine penicillin has low and prolonged drug levels .

Staph developed resistance against penicillin , “penicillinase resistant” penicillins are the best here:
 oxacillin, nafcillin, methicillin, floxacillin and cloxacillin , same penicillin spectrum but **include Methicillin susceptible Staph Aureus(MSSA)**
 Skin infections from **MSSA** → nafcillin or oxacillin .
 Methicillin was withdrawn from use due to its adverse effects, particularly causing renal failure.