Priority Topic: ANTIBIOTICS

Key Features:

I strongly suggest studying this topic with Priority Topic: Infections as there is a lot of overlap between the two.

1. In patients requiring antibiotic therapy, make rational choices (i.e., first-line therapies, knowledge of local resistance patterns, patient’s medical and drug history, patient’s context).

What you should study: Consider making a list of all the factors that go into antibiotic choice - this in itself could be a question. Remember that a National exam cannot test your knowledge of local resistance patterns.

✓ Antibiotics and Common Infections RxFiles 2016 Canadian resource
✓ Traitement des infections courantes chez les enfants MduQ 2014

2. In patients with a clinical presentation suggestive of a viral infection, avoid prescribing antibiotics.

What you should study: see also Priority Topic URTI

✓ Choosing Wisely Canada: Antibiotics

You do this in clinic all the time - but make a list of the reasons not to give antibiotics for viral infection: this could be a question
3. In a patient with a **purported antibiotic allergy**, rule out other causes (e.g., intolerance to side effects, non-allergic rash) before accepting the diagnosis.

**What you should study:** see also **Priority Topic: Allergy**

- Penicillin Allergy MAYO 2018
- Penicillin Allergy Position Statement 2016

4. Use a **selective approach in ordering cultures** before initiating antibiotic therapy (usually not in uncomplicated cellulitis, pneumonia, urinary tract infections, and abscesses; usually for assessing community resistance patterns, in patients with systemic symptoms, and in immunocompromised patients).

**What you should study:**

I can’t find a good comprehensive resource on this - you will have to use your judgement to know when to order cultures. I did find resources for blood and urine Cx:

- Blood Culture Indications
- Johns Hopkins Appropriate Urine Cultures

5. In urgent situations (e.g., cases of meningitis, septic shock, febrile neutropenia), **do not delay administration of antibiotic therapy** (i.e., do not wait for confirmation of the diagnosis).

**What you should study:**

- Aseptic and Bacterial Meningitis AAFP 2017
- Septic Shock AAFP 2013  **Table 3: Empiric Antimicrobial Recommendations**
- BCCA Febrile Neutropenia Guidelines 2015