



ANTIBIOTIC GUARDIAN

Keep Antibiotics Working

ANTIBIOTICS & INFECTION PREVENTION

HOW MUCH DO YOU KNOW? TRY OUR QUIZ FOR PHARMACY AND LAB STAFF

Are the following statements True or False?

- 1 Gentamicin dosing is based on actual body weight so obese patients will need a significantly higher dose than lean patients True / False
- 2 IV Flucloxacillin plus IV vancomycin is a useful combination to treat a patient with MRSA bacteraemia True / False
- 3 On a microbiology lab report, if bacteria are isolated and identified, but susceptibilities NOT given, then you should treat the patient based on the usual susceptibilities for that organism True / False
- 4 If a Pseudomonas infection is resistant to ciprofloxacin, parenteral treatment with an alternative drug is the only option True / False
- 5 *Clostridium difficile* infection is sometimes treated with more than one antibiotic at the same time True / False
- 6 Extended spectrum beta-lactamase producing organisms (ESBLs) may be resistant to common antibiotics including those without with a beta-lactam ringed structure True / False
- 7 Trimethoprim is associated with a drug interaction that could be life threatening True / False
- 8 Absorption of rectal vancomycin is insignificant and monitoring blood levels is unnecessary True / False
- 9 A concentration dependant kill is associated with penicillins True / False
- 10 Out-patient parenteral antibiotic therapy (OPAT) using IV teicoplanin could be useful for the treatment of some cases of osteomyelitis True / False

PLEASE SEE OVERLEAF FOR THE ANSWERS – NO PEEKING!



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PHARMACY AND LAB STAFF QUIZ – ANSWERS

- 1 Gentamicin dosing is based on actual body weight so obese patients will need a significantly higher dose than lean patients
False – it is based on ideal body weight
- 2 IV Flucloxacillin plus IV vancomycin is a useful combination to treat a patient with MRSA bacteraemia
False – the flucloxacillin would be serving no purpose as by definition MRSA is resistant to flucloxacillin
- 3 On a microbiology lab report, if bacteria are isolated and identified, but susceptibilities NOT given, then you should treat the patient based on the usual susceptibilities for that organism
False – the lab should be contacted for susceptibilities. Not providing susceptibilities on the initial report is an indication that the bacteria is a coloniser and treatment may not be necessary. Individual cases should be discussed with a microbiologist
- 4 If a Pseudomonas infection is resistant to ciprofloxacin, parenteral treatment with an alternative drug is the only option
True – All other groups of antibiotics with activity against Pseudomonas species are only available parenterally
- 5 *Clostridium difficile* infection is sometimes treated with more than one antibiotic at the same time
True – Metronidazole plus vancomycin is a useful combination for serious cases
- 6 Extended spectrum beta-lactamase producing organisms (ESBLs) may be resistant to common antibiotics including those without a beta-lactam ringed structure
True – ESBLs are commonly resistant to non beta-lactam antibiotics
- 7 Trimethoprim is associated with a drug interaction that could be life threatening
True – Trimethoprim used in combination with Methotrexate has caused fatalities.
- 8 Absorption of rectal vancomycin is insignificant and monitoring blood levels is unnecessary
False – Significant amounts can be absorbed rectally and it is prudent to take levels
- 9 A concentration dependant kill is associated with penicillins
False – Penicillin is a time-dependent antibiotic and exerts optimal bactericidal effect when drug concentrations are maintained above the minimum inhibitory concentration (MIC) of the organism.
- 10 Out-patient parenteral antibiotic therapy (OPAT) using IV teicoplanin could be useful for the treatment of some cases of osteomyelitis
True – Where the organism is susceptible to teicoplanin, it is useful for OPAT as it can be given once daily (or even three times a week)