

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](#)