



# Judicious Use of Antimicrobial Agents

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# Outline



- Case-based discussion
- Community-acquired pneumonia in children
  - Whether to treat with antimicrobials
  - Which drugs and by which route
    - Drugs: antiviral agents, antibiotics of choice
    - Dose
    - Duration



# A 1-year-old boy presented with fever and cough for 1 day



Underlying disease: reactive airway disease (RAD)

## Present illness

- 4 days PTA: vesiculopapular rash at palms and soles, no fever, Dx: HFMD  
Rx: symptomatic treatment
- 1 day PTA: fever, cough, no GI symptoms
- Today: improved symptoms of rash, high grade fever, cough, tachypnea

## Past history

- RAD, current meds: montelukast, cetirizine
- Vaccination: complete by age plus Hib, PCV13, influenza vaccine
- Lives in orphanage



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## Physical examination

GA: A Thai boy, active

V/S: BT 39.4 c, BP 90/54 mmHg, PR 150/min, RR 48/min

HEENT: not pale, no icteric sclera, no injected conjunctiva  
mild injected pharynx, no oral ulcer

CVS: normal S1S2, no murmur

RS: no chest retraction, good air entry, coarse crepitation both lungs

Skin: few erythematous papules at palms

Others: WNL

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## Investigation

- CBC: Hb 12.4 g/dL, Hct 38.2%, WBC 19,470 /mm<sup>3</sup> (N 45%, L 48%), platelet 310,000 /mm<sup>3</sup>
- Nasopharyngeal swab rapid test for influenza and RSV: negative
- CXR: as shown

## **What is your management?**

- A. Oseltamivir
- B. Ceftriaxone
- C. Ceftriaxone + oseltamivir
- D. Ceftriaxone + oseltamivir + azithromycin
- E. Antimicrobial is not needed

