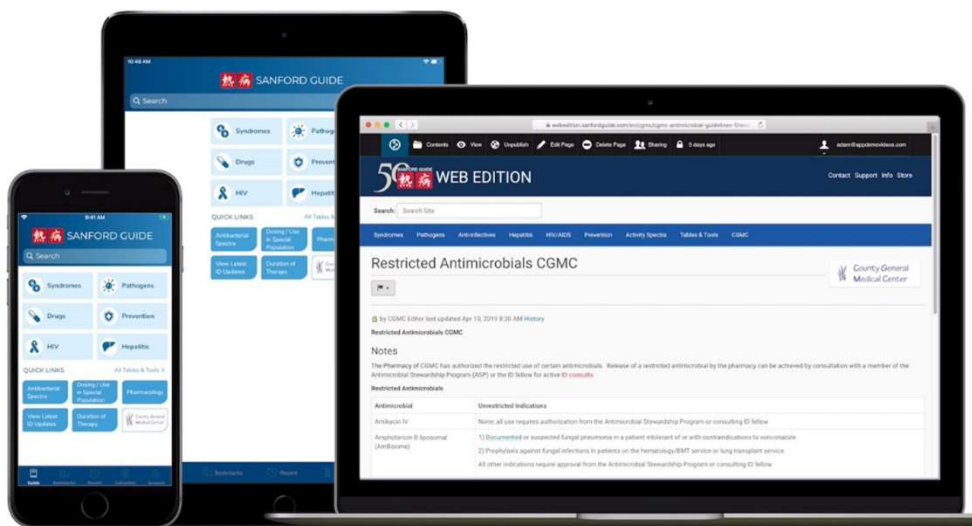


SANFORD GUIDE



SANFORD GUIDE COLLECTION WEB & APP 使用說明



FlySheet
Med-Informatics

飛資得醫學資訊

目錄

CONTENTS

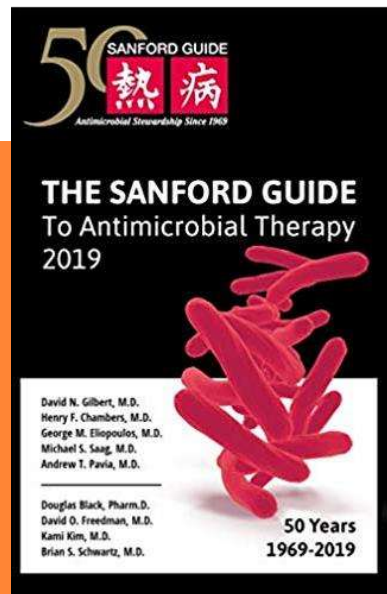
- ① 關於熱病
- ② Web版使用說明
- ③ App版使用說明
- ④ Case Study

Part 01

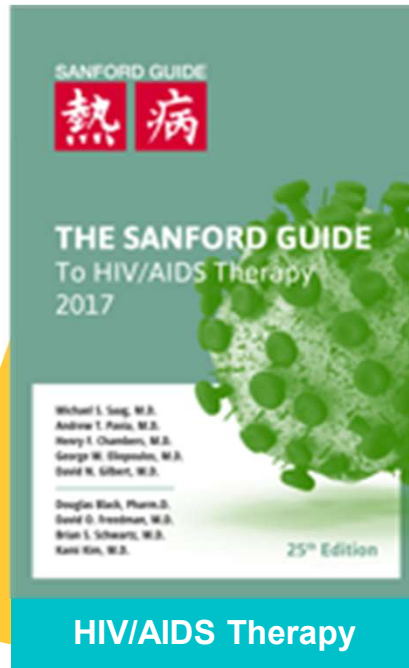
關於熱病

ABOUT SANFORD GUIDE COLLECTION

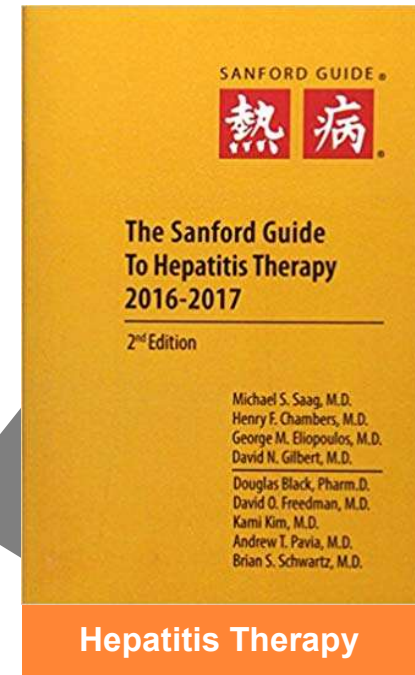
關於Sanford Guide Collection



Antimicrobial Therapy



HIV/AIDS Therapy



Hepatitis Therapy

整合 Sanford Guide 的 Antimicrobial Therapy、HIV/AIDS Therapy 和 Hepatitis Therapy 的所有內容

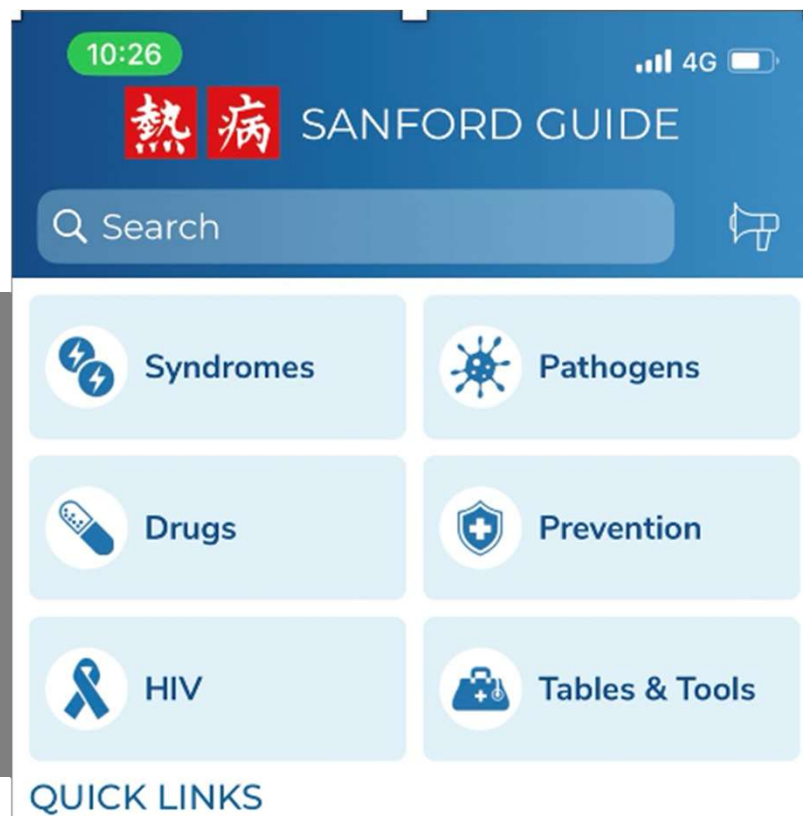
關於熱病 Sanford Guide

被廣泛運用於院內的內科醫師、藥劑師以及臨床醫師等的熱病，現提供更方便查閱的Web版及App版可使用！

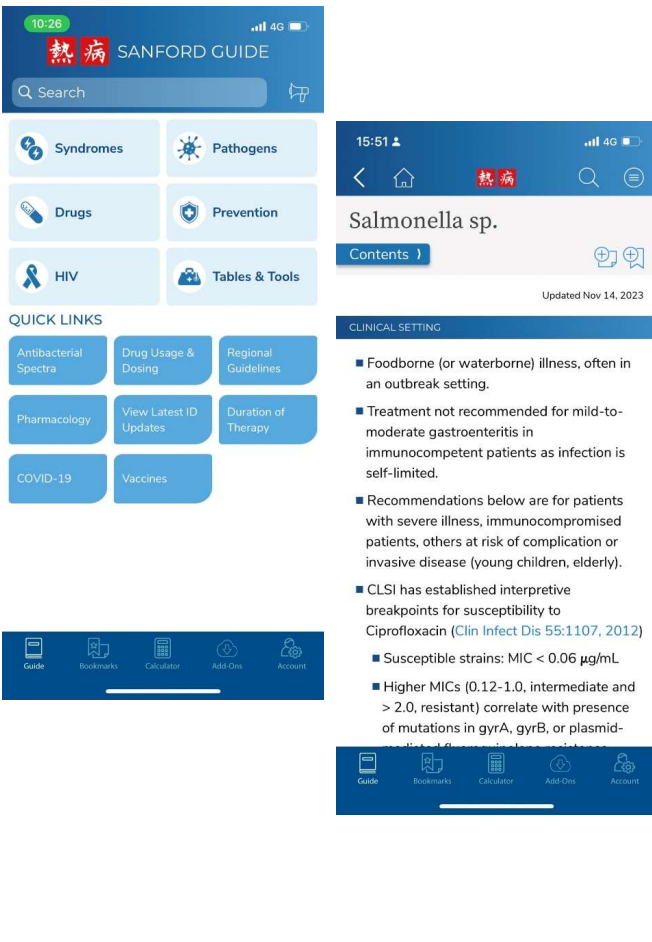
- 以紙本內容為基礎，提供更便利的瀏覽搜尋介面。
- 每月進行更新，以提供最新的醫藥資訊
- 即使在沒有網路的情況下，醫護人員還是可以使用APP進行資料檢索與瀏覽。

收錄內容

包括有各系統器官感染疾病的常見病原體、傳播途徑、診斷要點、第一線和替代治療方案、藥物不良反應和應用注意事項，以及預防用藥等，並輔以有關文獻來體現實證醫學的權威性；涉及的病原體有細菌、真菌、寄生蟲和病毒等。



與紙本截然不同的使用者體驗



The image shows a detailed view of the Sanford Guide mobile app interface, displaying a table of antibiotic susceptibility data for *Salmonella* sp. The table is organized by antibiotic class (Penicillins, Tetracyclines, Cephalosporins, Carbapenems, Glycopeptides, and Macrolides) and lists various *Salmonella* strains with their corresponding susceptibility results (S, I, R, and MIC values). The table is titled 'Aerobic, gram positive cocci' and includes a 'SEE LEGEND' button.

Antibiotic Class	Antibiotic	S	I	R	MIC
Penicillins	Penicillin G	++	0	0	0
	Penicillin VK	++	0	0	0
Tetracyclines	Tetracycline	++	0	0	0
	Doxycycline	++	0	0	0
Cephalosporins	Cefazolin	++	0	0	0
	Ceftriaxone	++	0	0	0
Carbapenems	Meropenem	++	0	0	0
	Ertapenem	++	0	0	0
Glycopeptides	Vancomycin	++	0	0	0
	Teicoplanin	++	0	0	0
Macrolides	Erythromycin	++	0	0	0
	Clarithromycin	++	0	0	0



More Information

無縫整合收錄內容，並可對外連接至 PubMed等資源



Organized by Topics

全新排版，依主題瀏覽；更提供互動計算功能



Regularly Updated

每月定期線上更新，依據最新證據提供最新發展

Part 02

上手使用:Web版

START TO USE

Sanford Guide Web 使用介面

 SANFORD GUIDE

檢索功能

SyndromesPathogensAnti-infectivesPreventionTables & Tools

主題瀏覽

QUICK LINKS

Antibacterial Spectra

Drug Usage & Dosing

Regional Guidelines

Pharmacology

View Latest ID Updates

Duration of Therapy

COVID-19

Vaccines

快速連結

ID Update

APRIL 2024

每月重要更新

Subscribe to updates

View all updates

Ceftobiprole Medocaril Approved

■ **Ceftobiprole medocaril (Zevtera)** has been approved by the US FDA for (1) adults with *S. aureus* bacteremia, including those with right-sided IE, caused by MSSA and MRSA, (2) adults with ABSSSI caused by MSSA, MRSA, *S. pyogenes*, and *K. pneumoniae*, and (3) adults and pediatric patients with CAP caused by MSSA (not MRSA), *S. pneumoniae*, *H. influenzae*, *H. parainfluenzae*, and *K. pneumoniae*. It is not approved for VAP. Ceftobiprole medocaril is a prodrug that is rapidly converted to ceftobiprole presumably by plasma esterases. Its spectrum of activity is similar to that of ceftaroline. Recommended dosing is 667 mg IV q6-8h (depending on the indication). 667 mg of ceftobiprole medocaril is equivalent to 500 mg of ceftobiprole.

Recently Viewed

Pivmecillinam

Antibacterial Agents: Spectra of Activity

最近瀏覽內容

Recently Modified

Pivmecillinam

Trench Fever, *Bartonella quintana*

Endocarditis: HACEK, HABCEK

Oroya Fever, Verruga Peruana, South American Bartonellosis

Bacteremia, Asymptomatic, *Bartonella* sp.

Endocarditis, *Bartonella* sp.

Cat-scratch Disease (CSD)

Bartonella sp.

最近更新的內容主題

檢索功能：輸入關鍵字查詢(查詢標題與內文全文)

熱病 SANFORD GUIDE

Syndromes Pathogens Anti-infectives Prevention Tables & Tools

Search

Search results for amo

Results Displayed: 258 total results

Filter Type of Content

- ☒ Sanford Guide pages
- ☒ US Vaccine Guidelines
- ☒ CDC Resources
- ☒ Regional Guidelines

All 258 Syndromes 104 Pathogens 69 Anti-infectives 35 Other 40

可依主題分類做篩選

Amoxicillin
Amoxil, Polymox, Moxatag, Amox

Amoxicillin-clavulanate
Amoxicillin-clavulanate, Amox-clav

MMWR: Update on extensively drug-resistant Salmonella serotype Typhi infections among travelers

Talicia
Omeprazole + Amoxicillin + Rifabutin

Voquezna
Vonoprazan + amoxicillin ± clarithromycin

Amebiasis, Entamoeba histolytica
Entamoeba histolytica, amebic dysentery, hepatic abscess, amebiasis

Last modified Apr 21, 2024, 07:17 PM

Last modified Apr 21, 2024, 07:17 PM

Last modified Apr 15, 2024, 01:00 PM

Last modified Dec 12, 2023, 03:47 AM

Last modified Feb 26, 2024, 08:19 PM

檢索結果筆數

最新更新的時間

Syndromes主題內容呈現說明

The image shows a screenshot of the Sanford Guide website. The main navigation bar includes 'Syndromes', 'Pathogens', 'Anti-infectives', 'Prevention', and 'Tables & Tools'. The 'Syndromes' dropdown menu is open, showing a list of categories. 'Genitourinary' is highlighted with a red box. A red arrow points from this box to a secondary menu titled 'Syndromes > Genitourinary'. This secondary menu lists various conditions, with 'Cystitis, UTI' highlighted by a red box. Below the main navigation bar, there are buttons for 'Duration of Therapy', 'COVID-19', and 'Vaccines'. The bottom right corner of the image contains the text '資訊'.

SANFORD GUIDE

Syndromes Pathogens Anti-infectives Prevention Tables & Tools

Syndromes

- Cardiovascular > Central Nervous System >
- Duration of Therapy, Antibacterial > Febrile Syndromes, Systemic >
- GI, Intra-abdominal > **Genitourinary** >
- Head and Neck > Lymph nodes, spleen >
- Musculoskeletal > Ocular >
- Respiratory, Lower > Respiratory, Upper >
- Skin and Soft Tissue > Systemic Syndromes, Other >
- Toxin-mediated Syndromes > Wounds, Bites, Burns >

Syndromes > Genitourinary

- UTIs, Overview
- Bacteriuria
- Bartholin's Gland Abscess
- Cystitis, UTI** >
- Genital Herpes
- Malacoplakia
- Perinephric abscess
- Prostatitis >
- Pyelonephritis >
- Urethritis >
- Warts, anogenital
- Amnionitis/septic abortion
- Balanitis
- Cervicitis, mucopurulent
- Epididymo-orchitis
- Genital Ulcer
- Pelvic >
- Postpartum Endometritis, Endomyometritis
- Pubic lice, crabs
- STDs >
- Vaginitis >

Duration of Therapy COVID-19 Vaccines

資訊

Syndromes主題內容呈現說明

[Syndromes](#) [Pathogens](#) [Anti-infectives](#) [Prevention](#) [Tables & Tools](#)



UTI, Acute, Uncomplicated, Adult, Female

by Brian Schwartz, M.D.- Last updated Nov 09, 2022 08:31 pm

Uncomplicated cystitis, urethritis in adult women

疾病名稱

更新日期

內容大綱

Clinical Setting

- Acute uncomplicated urinary tract infection (UTI) (cystitis, urethritis) in adult women without signs and symptoms of upper urinary tract infection.
- Urine culture should be considered in persons with recent UTI or in areas of high antimicrobial resistance.
- If sexually transmitted disease (STD) risk and symptoms of urethritis, consider treatment for [chlamydia](#).

Etiologies

- Enterobacterales (*E. coli* (75% - 95)%, *Klebsiella* sp.)
- S. saprophyticus*
- Enterococci and/or *Streptococcus agalactiae* (GpB Strep) in midstream urine cultures often produce false positive results [N Engl J Med 369:1883, 2013; N Engl J Med 369:1959, 2013](#).

Primary Regimens

- [TMP-SMX-DS](#) 1 tab bid x 8 days if local prevalence of resistance to TMP/SMX is < 20%)
- [Nitrofurantoin](#) (Macrobid) 100 mg po bid x 5 days

Alternative Regimens

- [Fosfomycin](#) 3 gm po x 1 dose (1st line recommendation per 2011 IDSA guidelines but less effective than nitrofurantoin in a RCT [JAMA 2018;319:1781](#))
- [Ciprofloxacin](#) 250 mg bid or extended release 500 mg q24h x 3 days

On This Page

- [Clinical Setting](#)
- [Etiologies](#)
- [Primary Regimens](#)
- [Alternative Regimens](#)
- [Antimicrobial Stewardship](#)
- [Comments](#)

參考來源(外部)

內部串接(藥物)

Pathogens主題內容呈現說明

Syndromes Pathogens Anti-infectives Prevention Tables & Tools

Pathogens ×

- Bacterial Organisms >
- Fungal Infections >
- HIV/AIDS >
- Mycobacterial Infections >
- Parasitic Infections >
- Viral Infections >

Pathogens > Viral Infections ×

< Adenovirus	Coronaviruses >	Cytomegalovirus >
Enterovirus >	Erythema Multiforme	Hemorrhagic Fever Viruses >
Hepatitis >	Herpesviruses >	HIV, AIDS >
Human Metapneumovirus (HMPV)	Human Papillomavirus (HPV)	Influenza >
Measles	mPox, Monkeypox >	Nipah Virus, Hendra Virus
Orf, Ecthyma contagiosum	Papovavirus, Polyomavirus >	Paramyxovirus
Parechovirus	Parvo B19 Virus	Progressive multifocal leukoencephalopathy, JC virus
Rabies >	Respiratory Syncytial Virus	Rhinovirus
Rotavirus	SFTSV (Severe Fever Thrombocytopenia Syndrome Virus)	Smallpox
Viruses: Rare, Uncommon, Non-pathogenic	Zika Virus	

APRIL 2024

Pathogens主題內容呈現說明

[Syndromes](#) [Pathogens](#) [Anti-infectives](#) [Prevention](#) [Tables & Tools](#)

 **Staphylococcus aureus, MRSA**
by Henry Chambers, M.D.- Last updated Mar 24, 2023 10:35 pm
Resistant Staphylococcus aureus, MRSA, VISA, VRSA

病原體名稱
更新日期

內容大綱

Clinical Setting

- Clinical isolate of *Staphylococcus aureus* that is resistant to nafcillin and other semi-synthetic anti-staphylococcal penicillins.
- For IDSA Guidelines for treatment of MRSA in adults and children see [Clin Infect Dis 52\(3\):e18, 2011](#).
- For specific recommendations see the following topics:
 - [Bacteremia](#)
 - [Endocarditis](#)
 - [Furuncles, skin abscess, boils](#)
 - [Osteomyelitis](#)
 - [Pneumonia](#)
 - [Prosthetic joint infection](#)
 - [Septic arthritis](#)
- Terminology:
 - MRSA: Methicillin-resistant *Staph. aureus*: resistant to all beta-lactams except Ceftaroline
 - VISA: Intermediate Vancomycin-resistant *Staph. aureus* (MIC 4-8 µg/mL)
 - VRSA: Vancomycin-resistant *Staph. aureus* (MIC >8 µg/mL)

Classification

On This Page

- [Clinical Setting](#)
- [Classification](#)
- [Primary Regimens](#)
- [Alternatives](#)
- [Comments](#)

Anti-infectives主題內容呈現說明

Syndromes Pathogens Anti-infectives Prevention Tables & Tools



Amoxicillin

by Helen Boucher, M.D.- Last updated Apr 21, 2024 11:17 am

Tradename: Amoxil, Polymox, Moxatag

Amoxil, Polymox, Moxatag, Amox

藥物名稱

更新時間及商品名

內容大綱

Drug Shortages

Prep	Started At	Notes
All oral formulations	2022-10-18	

Usage And Dosing

- Amoxicillin is [Ampicillin](#) with an added hydroxyl (-OH) group. The -OH group dramatically increases oral absorption with an associated reduction in dosing frequency: 3x daily for Amoxicillin vs. 4x daily for Ampicillin.
- The extended-release (ER) formulation results in once daily dosing for streptococcal pharyngitis. Do not crush or chew tablet.
- Amoxicillin IV preparation is available in the UK and Europe (but not in the U.S.). IV Amoxicillin is rapidly converted to Ampicillin.
- Higher dose recommended for otitis media and community-acquired pneumonia in children.
- Pregnancy risk and lactation safety: see [Table](#).

Adult Dose

Usual Adult Dose	500-1000 mg po tid
------------------	--------------------

On This Page

- [Drug Shortages](#)
- [Usage And Dosing](#)
 - [Adult Dose](#)
 - [Pediatric Dose](#)
 - [Renal Adjustment](#)
 - [Hepatic Adjustment](#)
 - [Adverse Effects](#)
- [Pregnancy Risk](#)
- [Antimicrobial Spectrum](#)
 - [Recommended ++ \(6 \)](#)
 - [Active + \(14 \)](#)
- [Pharmacology](#)
- [Enzyme- Transporter-mediated Interactions](#)
- [Major Drug Interactions](#)

Tables & Tools主題內容說明

Syndromes

Pathogens

Anti-infectives

Prevention

Tables & Tools

藥物使用及劑量工具

計算機工具

活性圖譜

Tables & Tools > Drug Usage & Dosing			×
<	Antiparasitic Drugs, Sources	Vancomycin AUC Dosing Fundamentals and Calculations	
	Continuous, Prolonged Infusion Dosing	Dosing Abbreviations	
	ECMO Drug Dosing Adjustment	Hepatic Impairment, Dosing Adjustment	
	Inhalation Dosing & Therapy	Intra-peritoneal Dosing	
	Obesity Dosing Adjustments	Outpatient Parenteral Antimicrobial Therapy (OPAT)	
	Pediatric Dosing	Renal Impairment Dosing	
	Renal Impairment, No Dosing Adjustment	Sodium Content: Injectable Antimicrobials	

Tables & Tools > Calculators			×
<	BMI, BSA, IBW, LBW Calculator	Child-Pugh Calculator	
	Child-Turcotte-Pugh Score: Formulas	Colistin Dosing Calculator	
	Creatinine Clearance Calculator	CURB 65 Calculator	
	GFR (Adult) Calculator	GFR (Pediatric) Calculator	
	MELD Score Calculator	PSI Calculator	
	Renal Impairment Dosing, Calculations Overview	SOFA Calculator	
	Unit Conversions Calculator	Vancomycin AUC Calculator	
	Vancomycin AUC Dosing: Fundamentals & Calculations		

Tables & Tools > Activity Spectra			×
<	Antibacterial Agents: Spectra of Activity		
	Antibacterial Drug Resistance Genotypes		
	Antibacterial Spectra Legend		
	Antifungal Agents: Spectra of Activity		
	Antiviral Agents: Spectra of Activity		

Activity Spectra主題內容呈現說明(以抗菌圖譜為例)

VIEW SG SPECTRA



Antibacterial Agents: Spectra of Activity

藥物名稱

Sanford Guide

ADD BUG/DRUG

VIEW SG SPECTRA

MORE ACTIONS

SEE LEGEND

More Actions

Add All Bugs

Add All Drugs

Add Everything

Clear All Bugs

Clear All Drugs

Clear Everything

Pivot Axes

Sanford Guide

Penicillins

Carbapenems

M

Fluoroquinolones

E. faecalis (VS)

E. faecium (VS)

E. faecalis (VRE)

E. faecium (VRE)

S. aureus MSSA

S. aureus MRSA

Staph coag-neg (MS)

	Clav	Fluc	Diclo	Ampi	Amo	Amc	Amp-Sulb	Pip-Tazo	Doripenem	Ertapenem	Imp-cilastatin	Imp-cil-rele	Meropenem	Mero-Vabor	Aztreonam	Aztreonam-Avibactam	Ciprofloxacin	Delafloxacin	Ofloxacin	Levofloxacin	Moxifloxacin	Norfloxacin		
E. faecalis (VS)	++	0	0	0	0	0	++	++	+	+	+	0	0	+	+	±	±	0	0	±	+	±	+	+
E. faecium (VS)	±	0	0	0	0	0	±	±	±	±	±	0	0	0	0	0	0	0	0	0	0	±	0	
E. faecalis (VRE)	±	0	0	0	0	0	±	±	±	±	±	0	0	0	0	0	0	0	0	0	0	0	0	
E. faecium (VRE)	±	0	0	0	0	0	±	±	±	±	±	0	0	0	0	0	0	0	0	0	0	0	0	
S. aureus MSSA	±	±	++	++	++	++	±	±	+	+	+	+	+	+	0	0	0	+	0	+	+	+	0	
S. aureus MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	
Staph coag-neg (MS)	±	±	++	++	++	++	±	±	+	+	+	+	+	+	0	0	0	+	0	+	+	+	0	

新增藥物或細菌

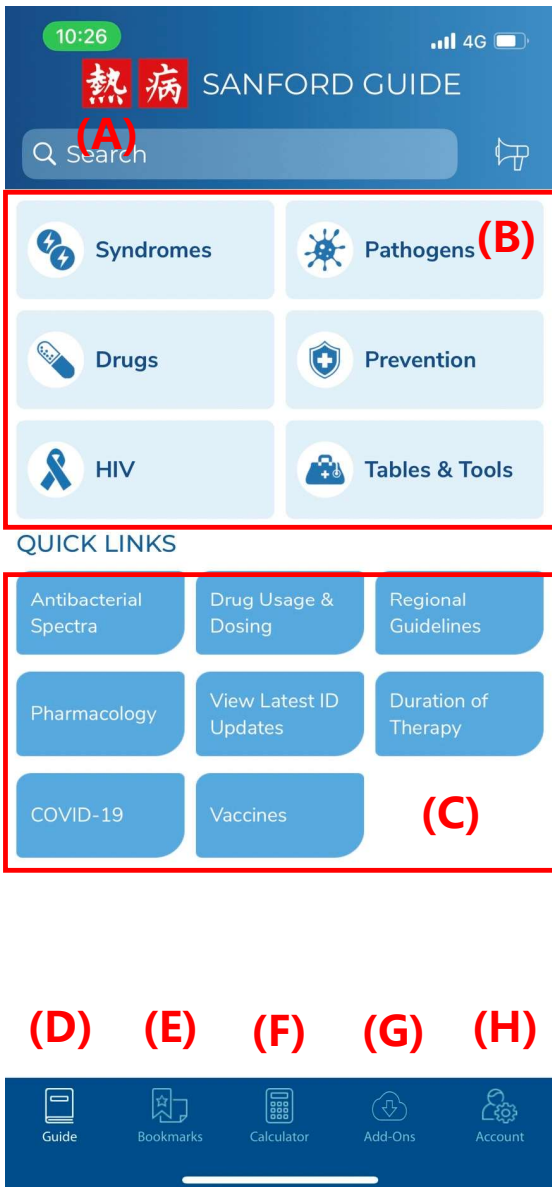
建議治療的快速對照表

細菌名稱

Part 03

上手使用:App版

START TO USE



Sanford Guide Antimicrobial Therapy App 使用介面

(A)檢索功能區

(B)六大主題瀏覽區

(C)快速連結區(常用功能)

(D)首頁瀏覽

(E)個人化書籤

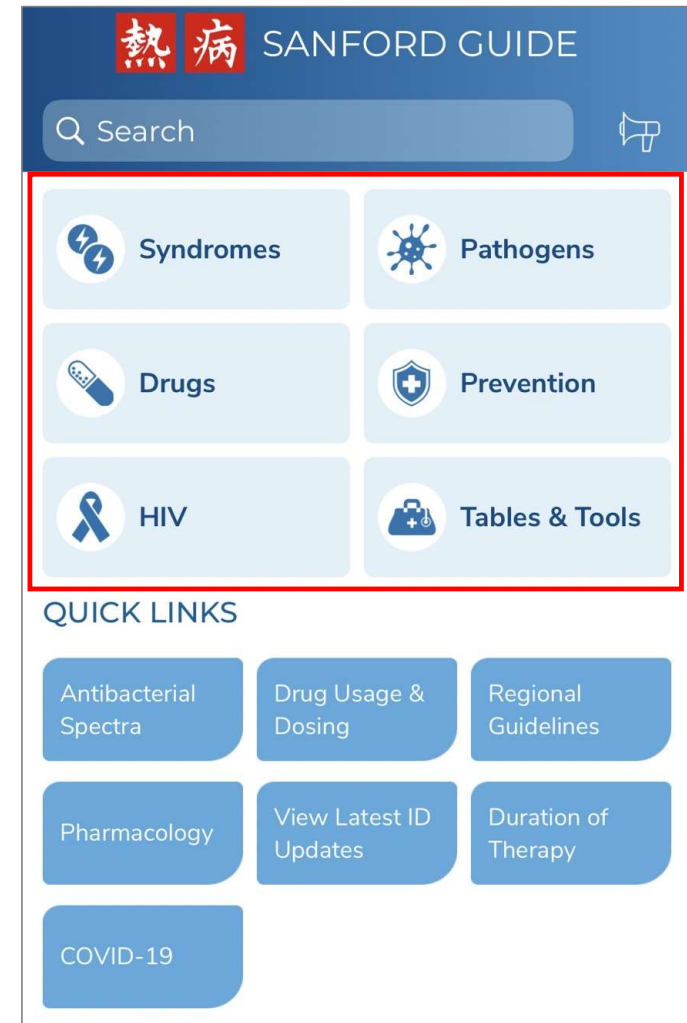
(F)計算機工具

(G)擴增其他資源

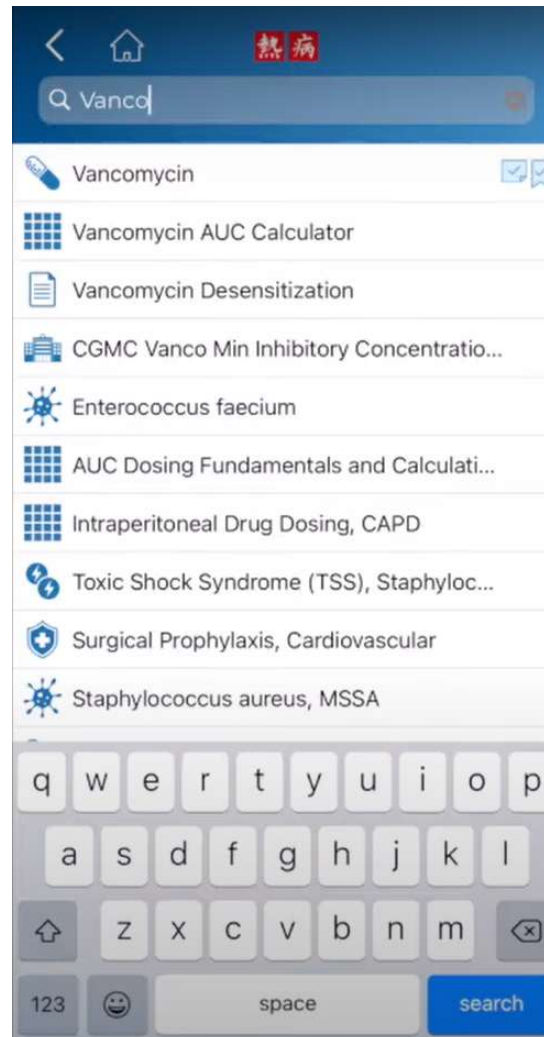
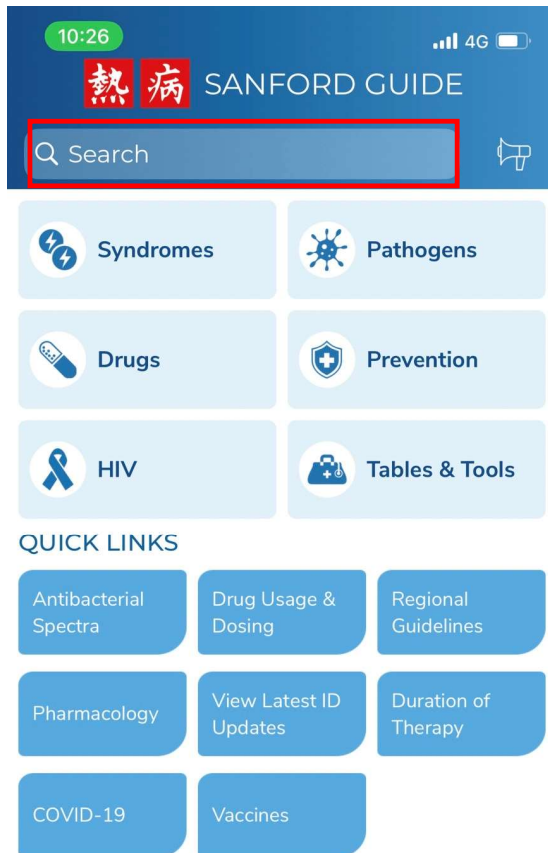
(H)個人帳戶設定

可依主題瀏覽

- Syndromes / Diseases
 - Organized by site of infection
- Pathogens
 - Bacterial
 - Fungal
 - Mycobacterial
 - Parasitic
 - Viral
- Anti-infective Drugs
 - Antibacterial
 - Antifungal
 - Antimycobacterial
 - Antiparasitic
 - Antiviral
 - Antiretroviral
- HIV
 - Patient Evaluation
 - Diagnosis
 - Resistance and Mutations
 - Antiretroviral Therapy
 - Antiretroviral Drug Information
 - Opportunistic Infections
- Prevention
 - Immunization
 - Surgical procedures
 - Dental procedures
 - Post-exposure prophylaxis
 - Transplants
 - Many more...
- Tables and Tools
 - Activity spectra (bacterial, fungal, viral)
 - Pediatric dosing (≥ 28 days)
 - Pregnancy risk categories
 - Use of antimicrobials during lactation
 - Dosing calculators (creatinine clearance, colistin dosing, etc)
 - Dosing tools (obesity, continuous / prolonged infusion, desensitization)
 - Many more...



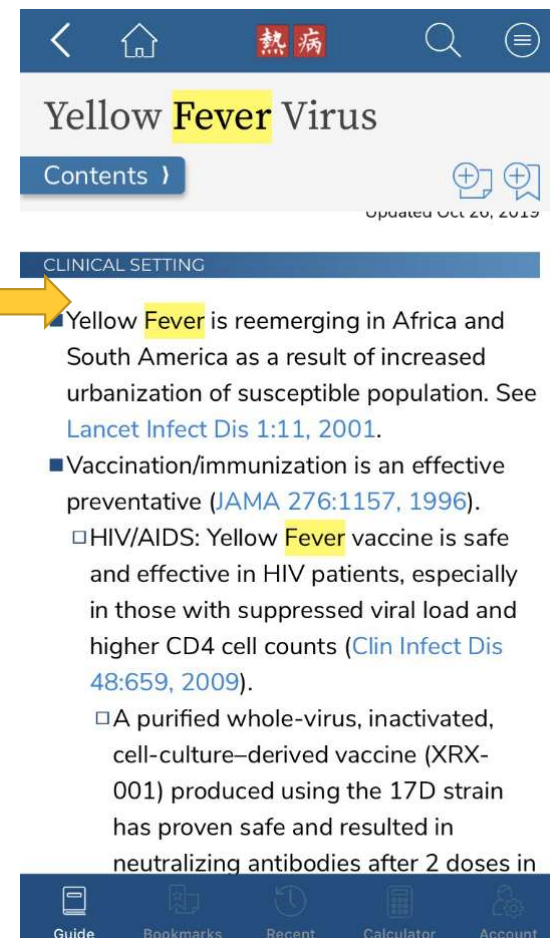
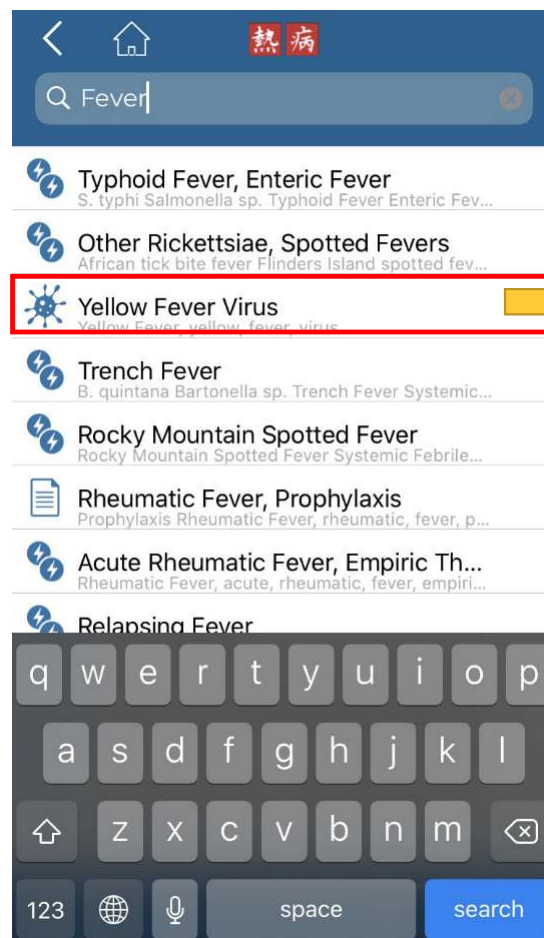
亦可輸入關鍵字查詢(查詢標題與內文全文)



檢索圖示說明:



檢索功能：輸入關鍵字查詢(查詢標題與內文全文)



使用大綱方式瀏覽內容 (依特性不同提供不同的大綱)

Yellow Fever Virus

Contents

- Clinical Setting
- Etiologies
- Primary Regimens
- Alternative Regimens
- Comments

□ HIV/AIDS: Yellow Fever vaccine is safe and effective in HIV patients, especially in those with suppressed viral load and higher CD4 cell counts ([Clin Infect Dis 48:659, 2009](#)).

□ A purified whole-virus, inactivated, cell-culture-derived vaccine (XRX-001) produced using the 17D strain has proven safe and resulted in neutralizing antibodies after 2 doses in

Netilmicin

Contents

- Usage and Dosing
 - Adult Dose
 - Pediatric Dose
 - Renal Adjustment Dose
 - Hepatic Adjustment Dose
- Adverse Effects
- Antimicrobial Spectrum
- Pharmacology
- Major Drug Interactions

Pregnancy Category D

Fluoroquinolones, Overview

Contents

- Overview of Fluoroquinolones
- Adverse Effects
- Activity Spectrum
- Comments
- Links to Agents

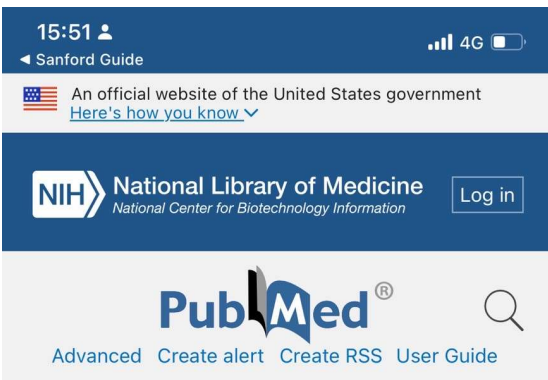
Gram-negative bacilli: *Enterobacter* sp., *P. aeruginosa* and *Haemophilus* sp.

■ Fluoroquinolones (FQs) are also active against respiratory pathogens, e.g., *Strep. pneumoniae*, *Haemophilus* sp., *Moraxella catarrhalis*, *Legionella* sp., *Chlamydia* and *Mycoplasma*.

■ Levofloxacin and Moxifloxacin are more active against respiratory pathogens than Ciprofloxacin.

■ Delafloxacin is indicated for acute bacterial

整合內部內容串接，亦可串接外部內容



Review

Salmonella Infections in Childhood

Fernando J Bula-Rudas et al. Adv Pediatr. 2015 Aug.

Show details



Full text links



Cite



Abstract

Salmonella are gram-negative bacilli within the family Enterobacteriaceae. They are the cause of significant morbidity and mortality worldwide. Animals (pets) are an important reservoir for nontyphoidal *Salmonella*, whereas humans are

回到頁首



加入書籤

- Gastric acid suppression
- Recent use of antibiotics (within 30 days)
- In the developing world, children with malaria, anemia or malnutrition
- Manifestations in Children ([Adv Pediatr 62:29, 2015](#)).
- Non typhoidal *Salmonella* non-diarrheal illness, including sepsis and other invasive disease, seen in patients with malignancies ([BMJ Inf Dis 21:1021 2021](#)).
- See also: [Typhoid Fever](#)

ETIOLOGIES

- [Salmonella enterica](#) - a variety of serotypes including Typhi, Paratyphi, Enteritidis, Typhimurium and Choleraesuis

PRIMARY REGIMENS

- [Ciprofloxacin](#) 400 mg IV q12h or 750 mg po q12h



Updated Nov 14, 2023

CLINICAL SETTING

- Foodborne (or waterborne) illness, often in an outbreak setting.
- Treatment not recommended for mild-to-moderate gastroenteritis in immunocompetent patients as infection is self-limited.
- Recommendations below are for patients with severe illness, immunocompromised patients, others at risk of complication or invasive disease (young children, elderly).
- CLSI has established interpretive breakpoints for susceptibility to Ciprofloxacin ([Clin Infect Dis 55:1107, 2012](#))
 - Susceptible strains: MIC < 0.06 µg/mL
 - Higher MICs (0.12-1.0, intermediate and > 2.0, resistant) correlate with presence of mutations in *gyrA*, *gyrB*, or plasmid-

Bookmarks & Note

11:06 4G

< 熱病 >

Bacteremia, Salmonella sp.

Contents >  

Updated Nov 16, 2021

CLINICAL SETTING

- **Bacteremia** is an extra-intestinal manifestation of Salmonella-related diarrheal disease. Referred to as "enteric fever" when diarrhea is absent.
- Generally acquired by ingestion of contaminated water or food.
- Classically enteric fever is caused by *Salmonella* Serotype Typhi or *Salmonella* Serotype Paratyphi (often abbreviated as *Salmonella Typhi* or *Salmonella Paratyphi*).
- **Bacteremia** risk groups include:
 - Very young children and very old adults
 - Immunosuppressed patients
 - HIV/AIDS
 - Liver disease

11:16 4G

< 熱病 Save

Title:
Bacteremia, Salmonella sp. 

Notes:
這個死亡率很高

Delete Bookmark

▽ 符 ① ♥ ⚙ ↺

Q W E R T Y U I O P

A S D F G H J K L

⬆ Z X C V B N M ⬆

⌂ 敏中搭中 格仁

11:06 4G

< 熱病 >

Bacteremia, Salmonella sp.

Contents >  

Updated Nov 16, 2021

 這個很常見

CLINICAL SETTING

- **Bacteremia** is an extra-intestinal manifestation of Salmonella-related diarrheal disease. Referred to as "enteric fever" when diarrhea is absent.
- Generally acquired by ingestion of contaminated water or food.
- Classically enteric fever is caused by *Salmonella* Serotype Typhi or *Salmonella* Serotype Paratyphi (often abbreviated as *Salmonella Typhi* or *Salmonella Paratyphi*).
- **Bacteremia** risk groups include:
 - Very young children and very old adults

連結相關計算器

14:47 4G

< 熱病 >

Cefotetan

Contents

PEDIATRIC DOSE

Dose (Age >28 Days)	60-100 mg/kg/day (divided q12h)
Max/Day	6 gm

RENAL ADJUSTMENT

■ Body weight and Creatinine Clearance calculations

- CrCl = Creatinine clearance level (mL/min)
- CAPD = Continuous Ambulatory Peritoneal Dialysis
- CRRT = Continuous Renal Replacement Therapy
- AD = after hemodialysis
- SLED = sustained low efficiency dialysis

Half-life, hrs(renal function normal)	3-4.6
Half-life, hrs(ESRD)	12-30

14:48 4G

< 熱病 >

Creatinine Clearance

Creatinine Clearance

Sex:

Age:

Height:

Weight:

Serum Creatinine:

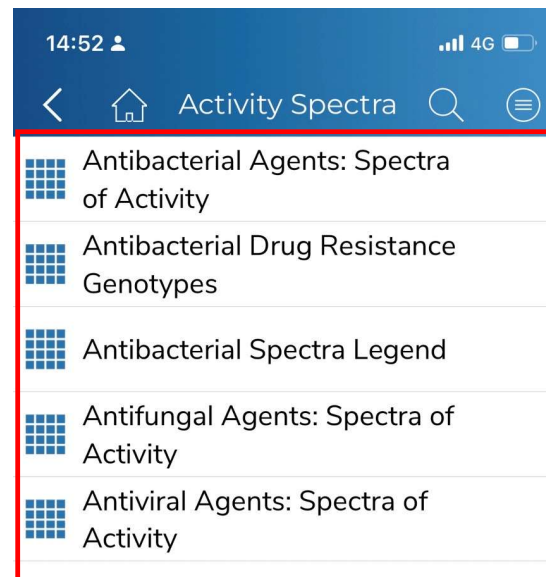
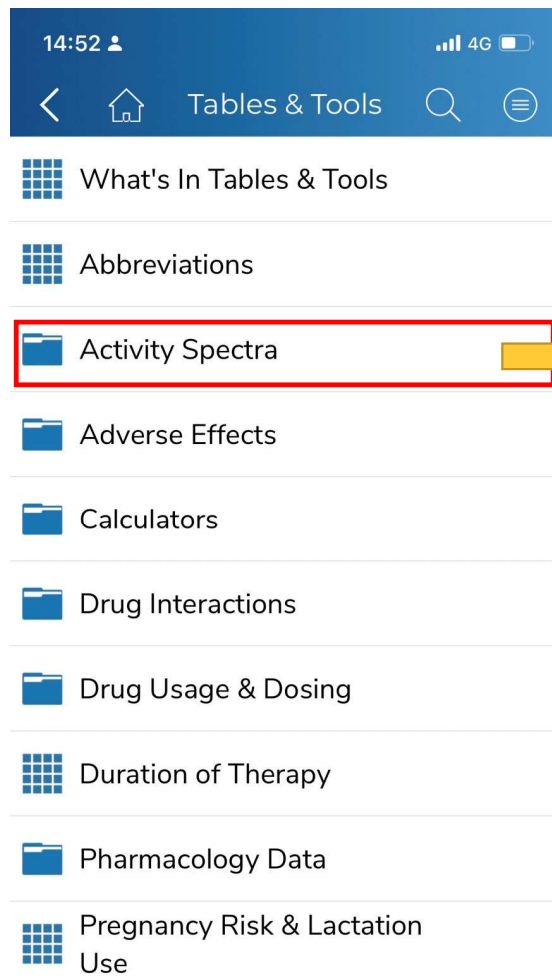
14:47 4G

< 熱病 >

Creatinine Clearance

- BMI, BSA, IBW, and LBW
- Child-Pugh Score
- Colistin Dosing
- ✓ Creatinine Clearance
- CURB-65
- GFR (Adult)
- GFR (Pediatric)
- MELD Score
- Pneumonia Severity Index (PSI)
- SOFA Score
- Vancomycin

相關的表格與工具



Activity Spectra 中的Antibacterial Spectra(在Tables & Tools)中

The screenshots show the app's interface for adding bugs and drugs. The first screenshot shows the 'ADD ALL' and 'ADD BUG/DRUG' buttons. The second screenshot shows the search bar and the 'ADD BUG/DRUG' button. The third screenshot shows the resulting activity table with callouts for '輸入藥物或病原體' and '表格轉置'.

ADD ALL
ADD BUG/DRUG
PIVOT AXES
SEE LEGEND
Clear All Rows X

Search for...
輸入藥物或病原體

ADD ALL
ADD BUG/DRUG
PIVOT AXES
表格轉置

Drug Groups

Name (click to sort)	Abbr
Penicillins	Pen
Carbapenems	Carb
Monobactam	-
Fluoroquinolone	FQ
Parenteral Cephalosporins	P Ceph
Oral Cephalosporins	O Ceph
Aminoglycosides	AG
Lincosamide	Linco
Macrolides	Macro
Tetracyclines	Tetra
Glyco/Lipo	-
Oxazolid	Ox-lid
Polymyxins	Poly
Pleuromutilins	-
Other	-

Penicillins

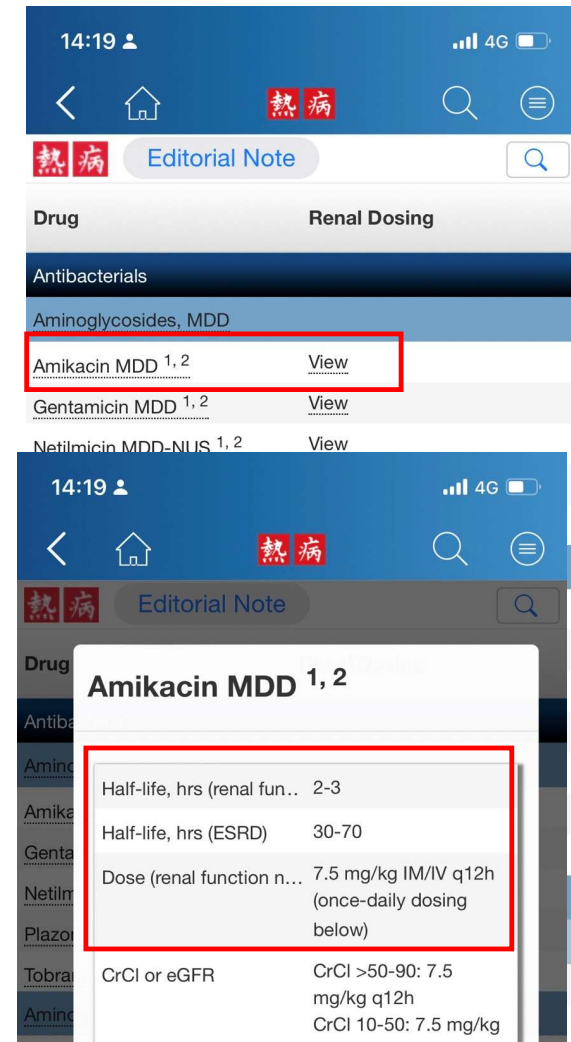
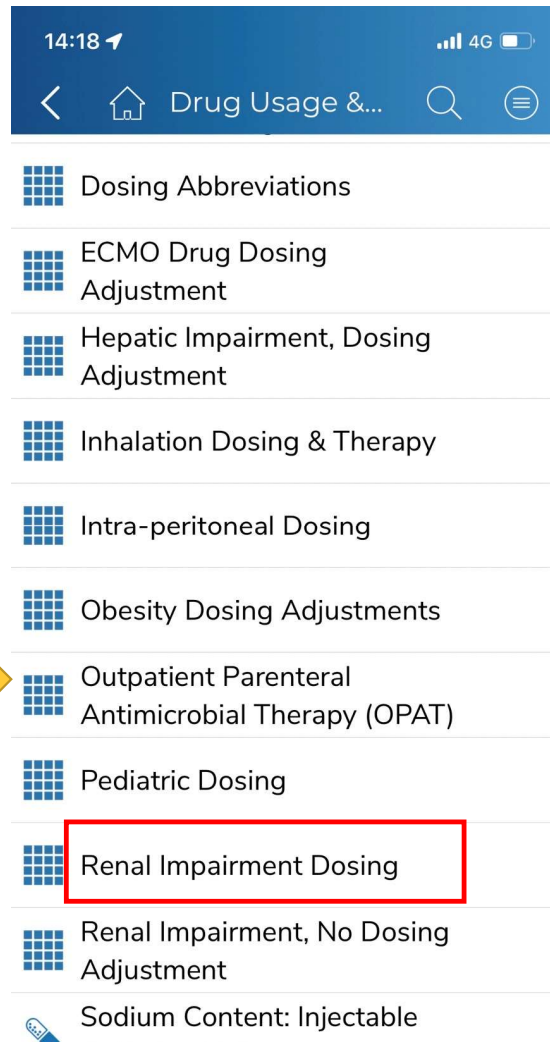
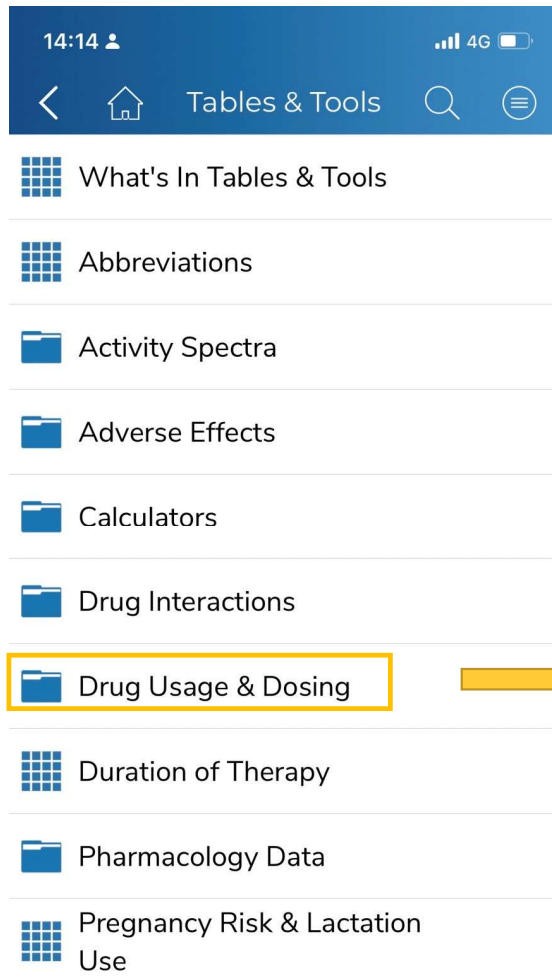
	Penicillin G	Penicillin VK	Nafcillin	Oxacillin	Cloxacillin	Flucloxacillin	Dicloxacillin
Aerobic, gram positive cocci							
E. faecalis (VS)	++	0	0	0	0	0	0
E. faecium (VS)	±	0	0	0	0	0	0
E. faecalis (VRE)	±	0	0	0	0	0	0
E. faecium (VRE)	±	0	0	0	0	0	0
S. aureus MSSA	±	±	++	++	++	+	+
S. aureus MRSA	0	0	0	0	0	0	0
Staph coag-neg (MS)	±	±	++	++	++	+	+
Staph coag-neg (MR)	0	0	0	0	0	0	0
S. epidermidis (MR)	0	0	0	0	0	0	0
S. epidermidis (MS)	±	±	++	++	++	++	++
S. lugdunensis	±	±	++	++	++	++	++
S. saprophyticus	±	±	+	+	+	+	+
Strep. anginosus gp	++	++	+	+	+	+	+
Strep. pyogenes gp (A)	++	++	+	+	+	+	+
Strep. agalactiae gp (B)	++	++	+	+	+	+	+

Penicillin G and E. faecium (VS)
Sanford Guide: Activity
Activity
Limited Utility

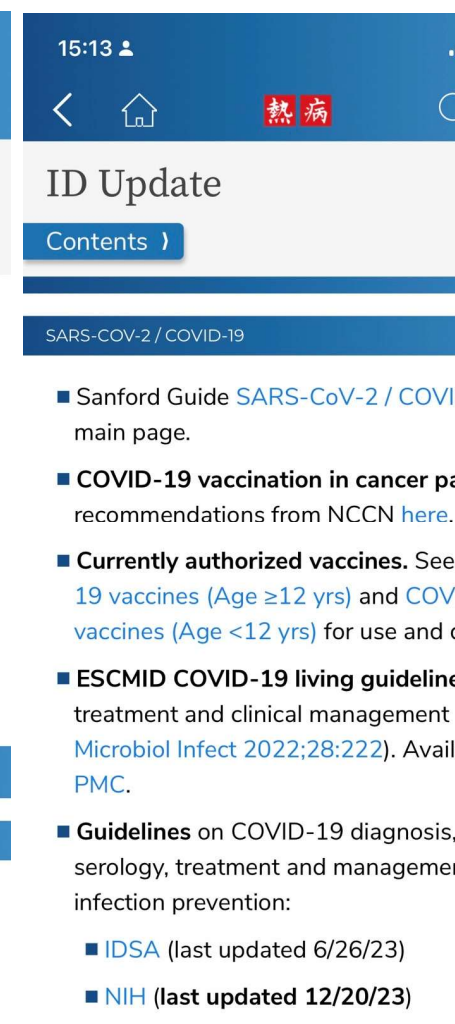
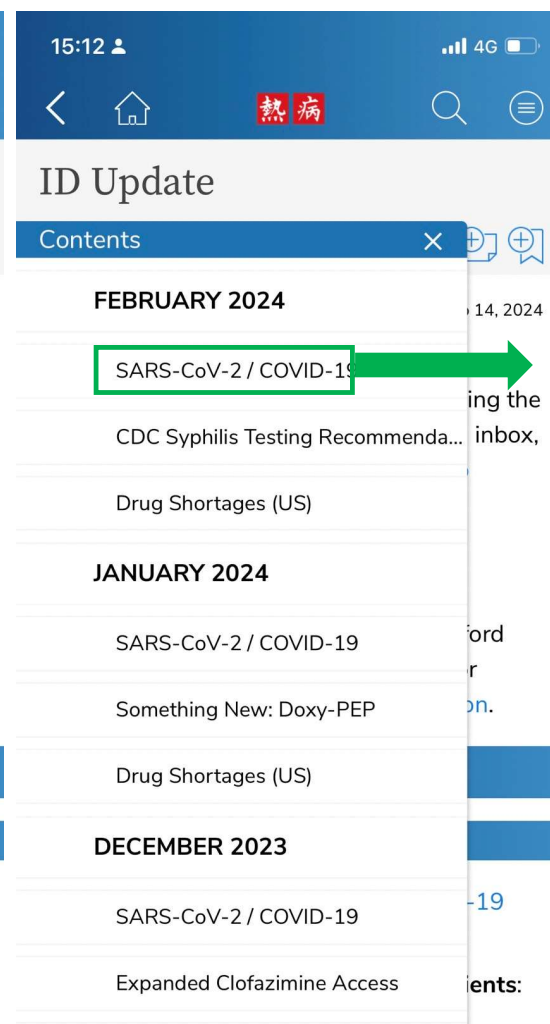
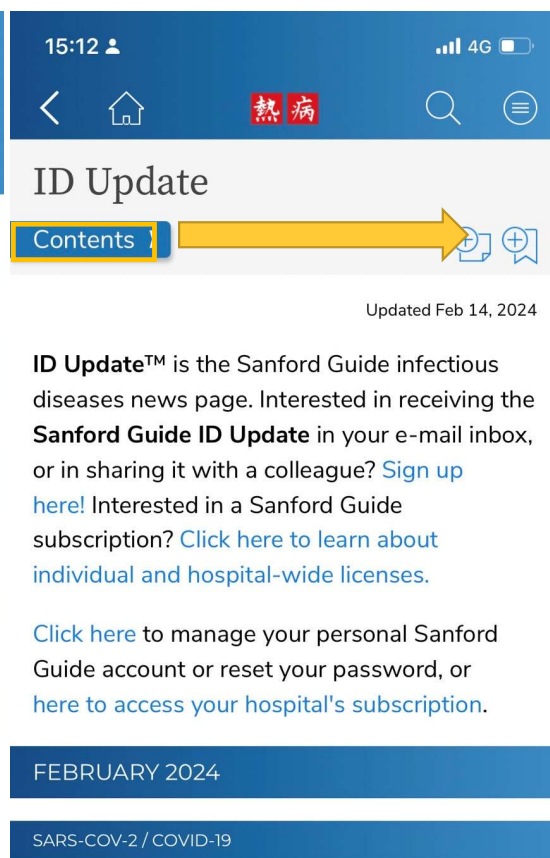
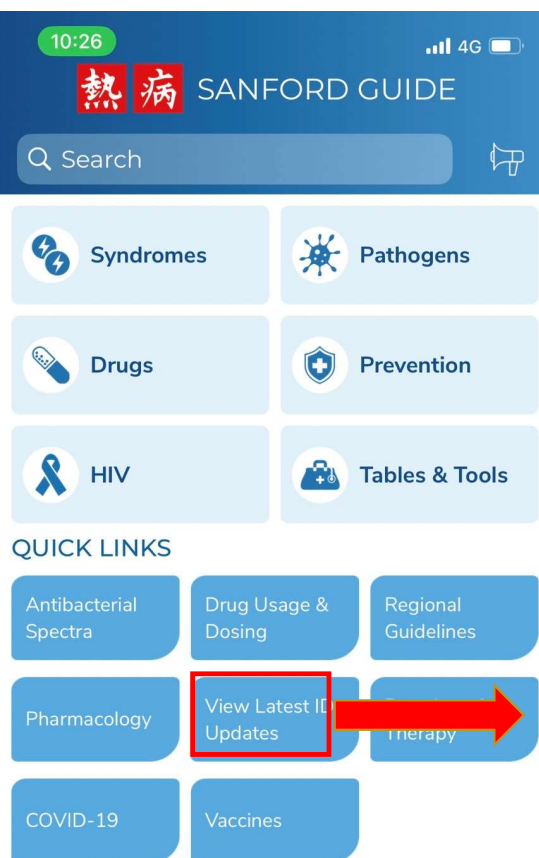
Nafcillin and S. epidermidis (MS)
Sanford Guide: Activity
Activity
Preferred

et 飛資得醫學資訊

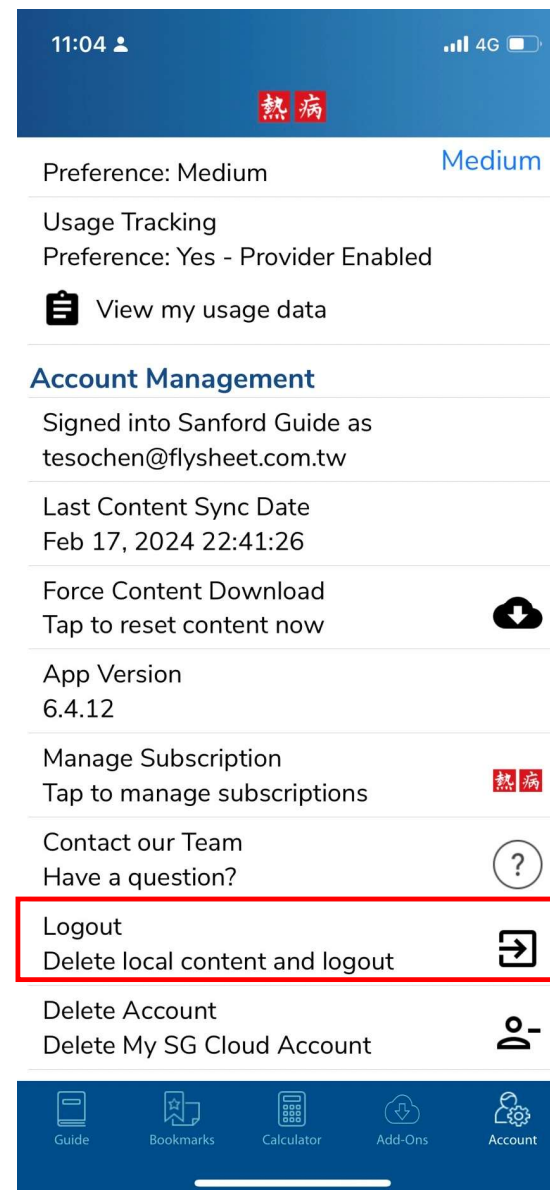
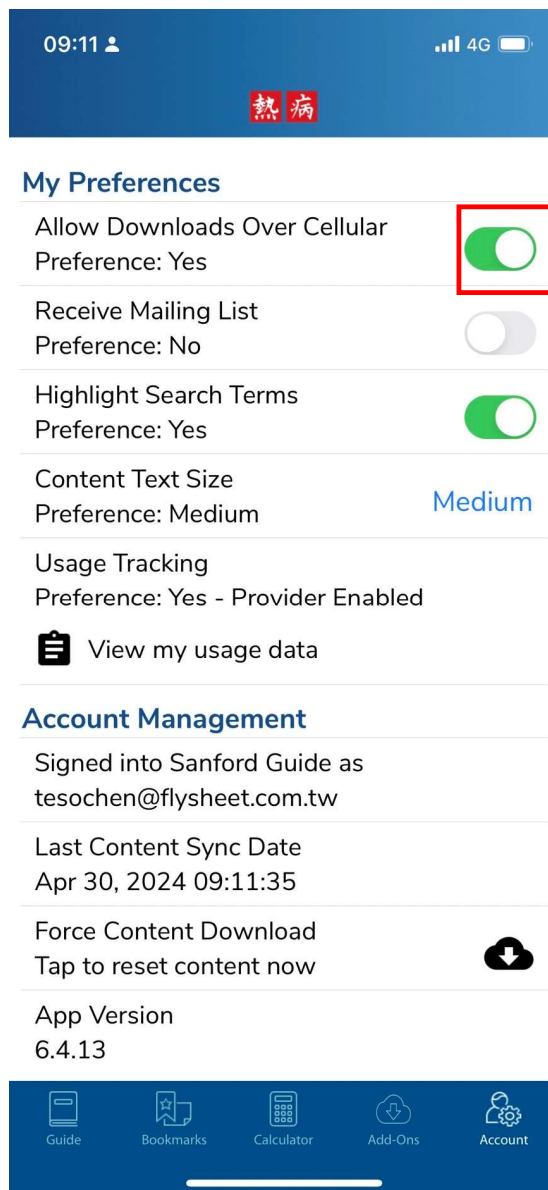
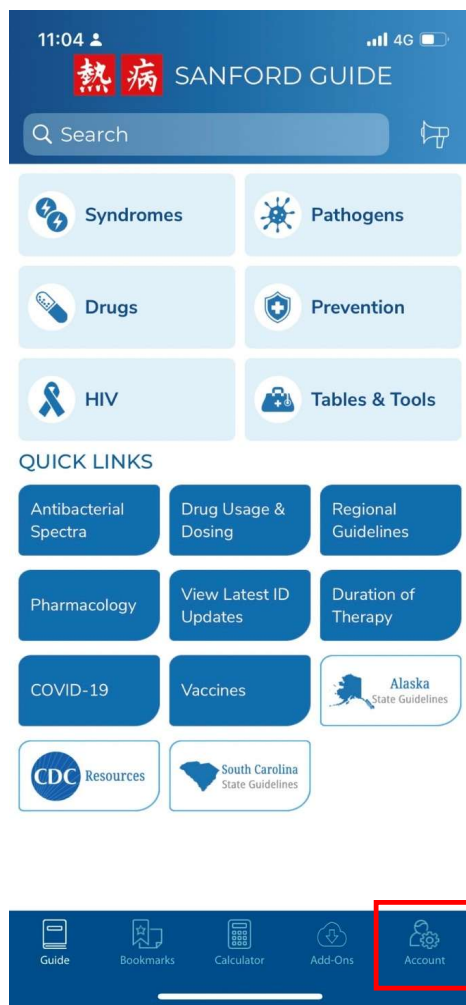
Dosing/Use in Special Populations 特殊族群(如藥物半衰期及劑量)



每月更新提示



手機版的重要提醒



換手機時，請務必要登出

Part 04

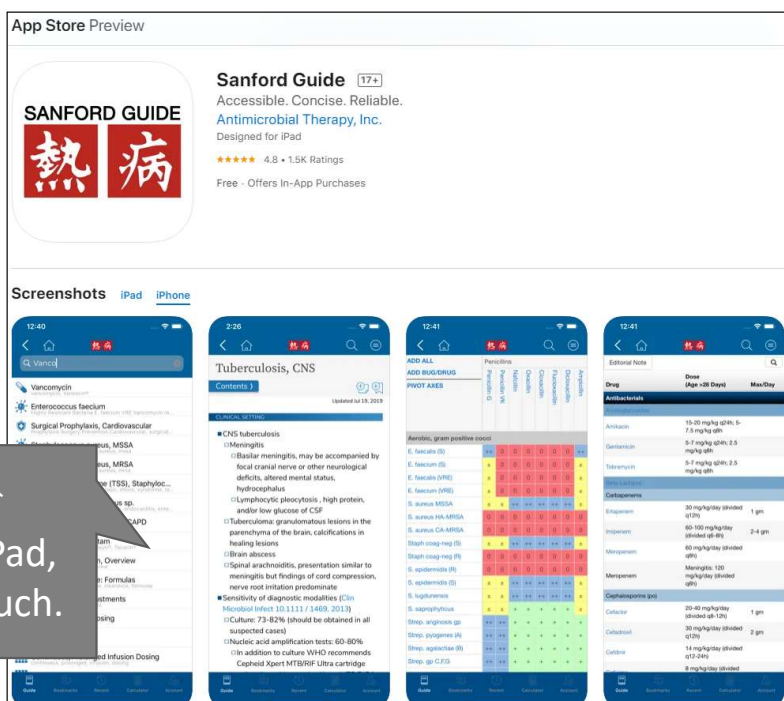
開始安裝
START TO INSTALL

Sanford Guide Collection



熱病App安裝指引

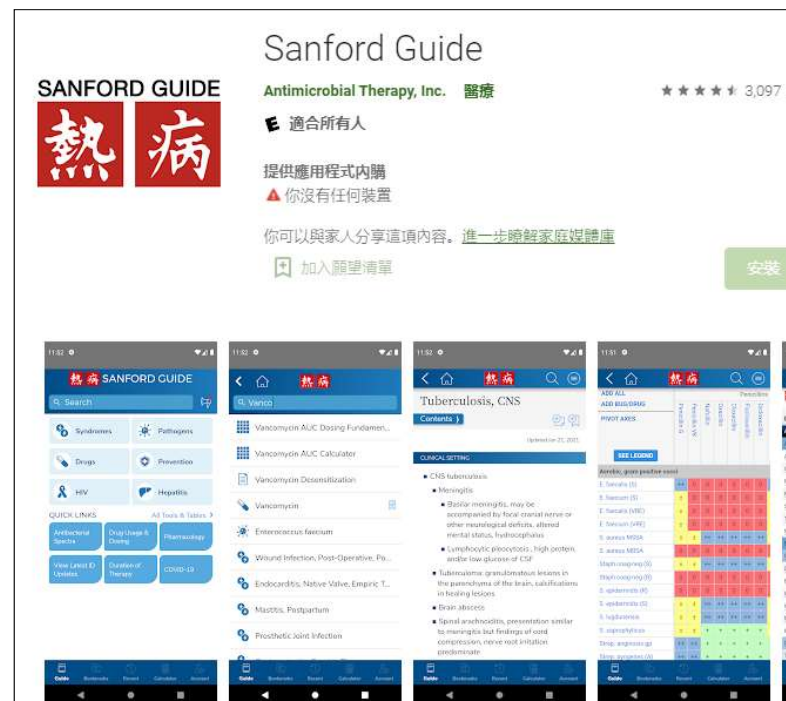
依行動裝置類型下載適合之APP



適用於
iPhone, iPad,
和 iPod touch.



iOS 11.0+



Android 7.0+

熱病 Sanford Guide App安裝說明

(簡單幾步驟 五分鐘即可完成註冊流程)

簡介：

熱病提供各系統器官感染疾病的常見病原體(例如：細菌、真菌、寄生蟲和病毒等)、傳播途徑、診斷要點、首選和備選治療方案、藥物不良反應和應用注意事項，以及預防用藥等，並輔以相關文獻來體現實證醫學的權威性。

- APP申請網址：<https://register.sanfordguide.com/> (**務必在校內/院內IP連線註冊**)
- 熱病App安裝指引有兩大部分說明：(1)App註冊；(2)App安裝。

APP註冊說明 Step 1 (醫院IP範圍內)

登入APP註冊網頁<https://register.sanfordguide.com/>

並輸入您要申請的Email信箱(2022年10月開始僅限使用**學校醫院信箱**)

SANFORD GUIDE 熱病 Login

Start Registration

Email Address

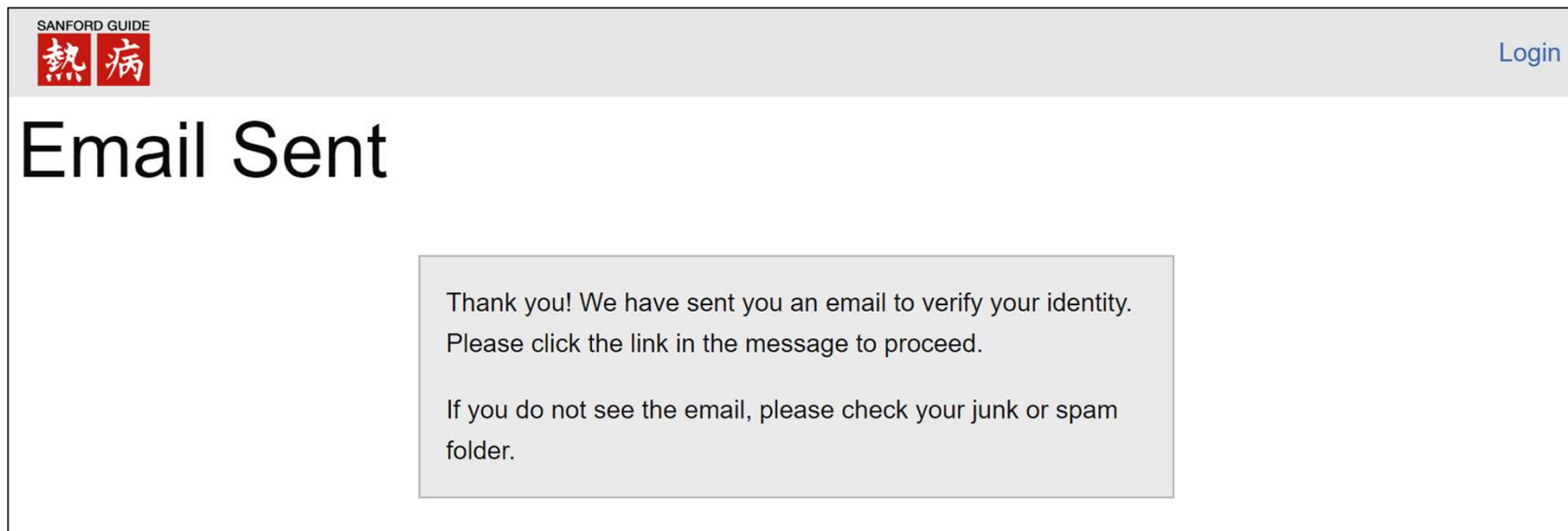
Email Address · (請以校/院內信箱申請註冊)

Start Registration

Copyright © Antimicrobial Therapy, Inc.
Office Hours: Monday-Friday, 9am-5pm, US Eastern Time

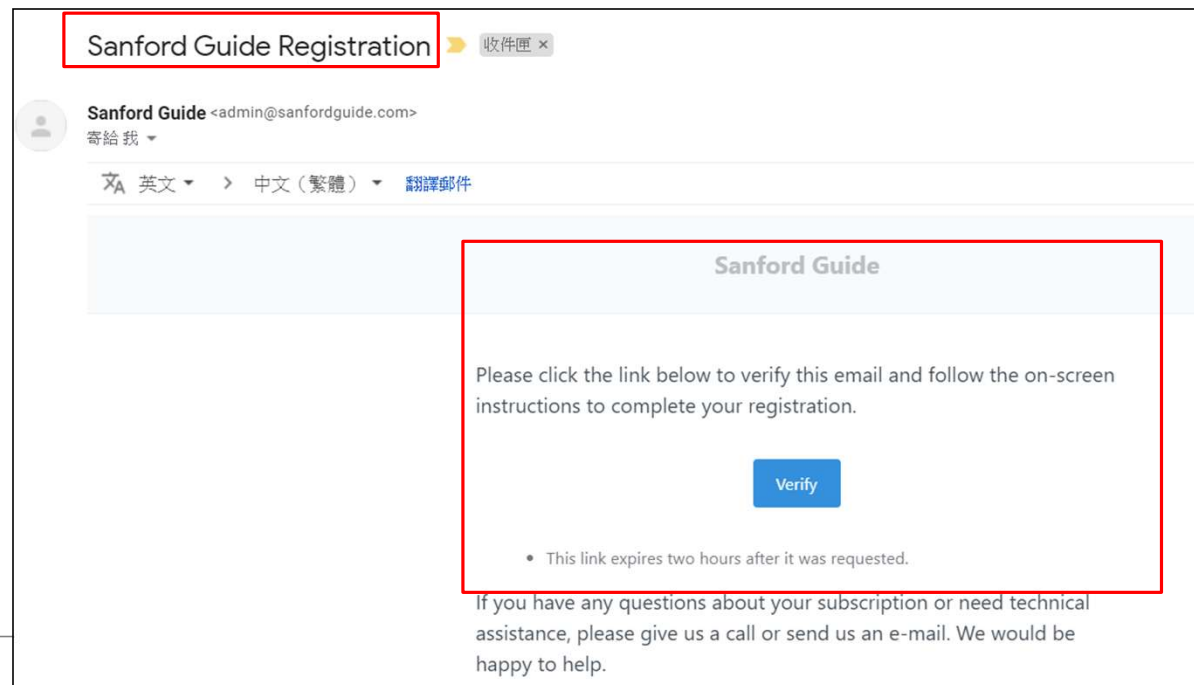
APP註冊說明 Step 2：確認認證信

完成申請後，系統會自動回覆如下的訊息，請您立即打開信箱收信，若無以下訊息，則可能您不在機構的IP範圍內。



APP註冊說明 Step 3：點擊“認證”啟用

進入個人信箱收信：點擊Verify (兩小時內有效)，完成個人資訊建立。



APP註冊說明 Step 4：個人註冊資訊確認

(1)如果您先前有註冊過，系統會忽略個人資訊的註冊，請直接用您原本設定的密碼登入App。

* 若忘記密碼，可點選下方的連結進行密碼重設。

(2)如果您是 newUser 註冊，請繼續參考下列說明。

APP註冊說明 Step 5：新用戶個人資訊註冊

SANFORD GUIDE
熱病

New User Account: 您申請的Email

First Name F 英文名	Last Name L 英文姓
Password Pa 設定您的密碼	Confirm Password C 重複您所設定的密碼
User Preferences	
是否允許出版社每月寄送通知給您 Yes ☐ Please send me a monthly update about Sanford Guide. (Your address will not be disclosed to outside parties.)	
是否定期提供給您個人的使用紀錄 ☐ No Collect and provide me access to my Sanford Guide usage data.	
是否同意出版社匿名蒐集您的使用資料 Yes ☐ Help us improve by allowing the collection of anonymous usage data.	
Submit Reset	

請依據表格內容填寫您的個人資訊，使用者資訊建議選擇預設值，並同意接受出版社蒐集您的使用資料，以利圖書館評估是否續訂。

APP註冊說明 Step 6 : 下載熱病App

完成註冊後，依據您的手機載具
下載對應的App

Sanford Guide

Sanford Guide Customer,

Thank you for subscribing to Sanford Guide. Your subscription will remain active through **Mar 31, 2022**. Your subscription allows you to access the full suite of Sanford Guide infectious disease guidelines from any mobile device running iOS or Android. Please follow the instructions below to access your subscription.

Activation Instructions

1. Download the **Sanford Guide** app from the [Apple App Store](#) or [Google Play](#). The icon will look like this:

2. Open the Sanford Guide app.
3. Enter your username (email address) and password. These are the same credentials you used to purchase your subscription.
4. After you log in, your app will begin downloading Sanford Guide content.

For a 3-minute tutorial on how to make the most of your subscription, [click here](#).

To reset your password, visit account.sanfordguide.com/password/reset. You can also use

APP安裝 Step 1:搜尋Sanford Guide

此次APP涵蓋熱病三大主題：

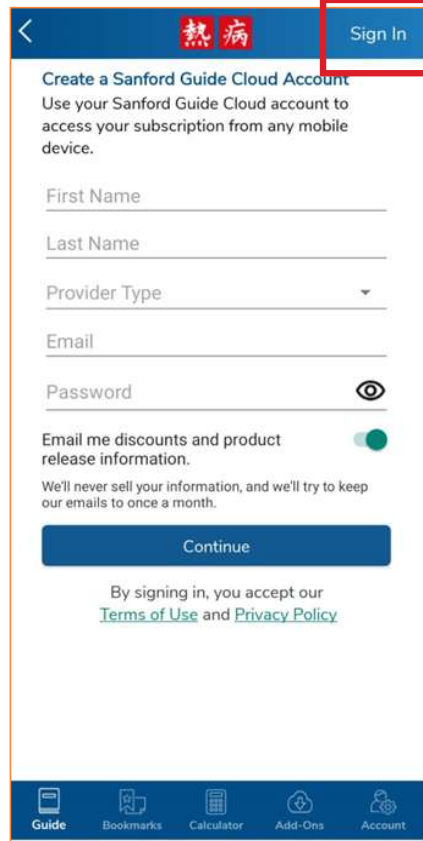
Antimicrobial Therapy、HIV/Aids、Hepatitis，請至手機的應用程式商店 (Google Play、APP Store) 搜尋 **Sanford Guide**

APP安裝 Step 2：登入使用(可離線使用)

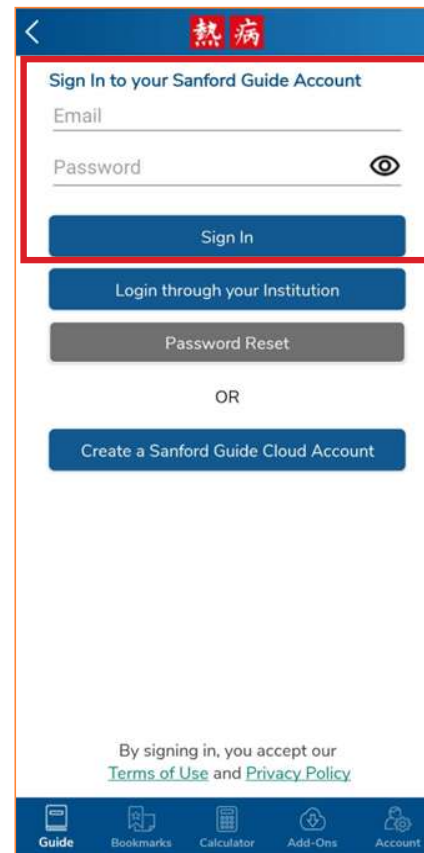
1.App登入畫面



3.點選Sing In



4.輸入帳號密碼



5.安裝完成後畫面



THANK YOU



Part 05 Case Study

Syndromes 症候群

熱病 SANFORD GUIDE ANTIMICROBIAL

Syndromes Pathogens Anti-infectives Prevention Tables & Tools

Syndromes

Cardiovascular

Central Nervous System

Duration of Therapy, Antibacterial

Febrile Syndromes, Systemic

GI, Intra-abdominal

Genitourinary

Head and Neck

Lymph nodes, spleen

Musculoskeletal

Ocular

Respiratory, Lower

Respiratory, Upper

Skin and Soft Tissue

Systemic Syndromes, Other

Toxin-mediated Syndromes

Wounds, Bites, Burns

ccine of varicell
ly available in th
dated live-atter
e efficacy. Reco
avax. Recombi
d postherpetic
healthy immun
Recombinant v
ystems, for whc
risk of a new
(:438-446) tool
termine eligibili
t date of birth.
ife, whereas thc
ne investigators
e week too old
eligible for the vaccine (vaccination rate of 0.01%) to the rate in individuals who wer
one week younger (vaccination rate of 47.2%). This roll-out of zoster vaccine creater

Syndromes Pathogens Anti-infectives

Syndromes > Cardiovascular

Endocarditis

Endocarditis, dental prophylaxis

Lyme carditis

Mycotic Aneurysm

Pacemaker/defibrillator infections

Pericarditis

Rheumatic fever

Vascular

熱病 SANFORD GUIDE

Syndromes Pathogens Anti-infectives

Syndromes > Cardiovascular > Endocarditis

Overview

Empiric Therapy-Native Valve

Empiric Therapy-Prosthetic Valve

Endocarditis, Culture Negative

Fungal Endocarditis, Candida

Specific Therapy-Bacterial Endocarditis

Endocarditis, Transcatheter Valve Replacement

Endocarditis, Cardiac Implantable Electronic Device



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Syndromes Pathogens

Syndromes > Cardiovascular



Overview

Na

Gc

Ba

Icc

Empiric Therapy-Native V

Empiric Therapy-Prosthetic Valve

Endocarditis, Culture Negative

Fungal Endocarditis, Candida

Specific Therapy-Bacterial Endocarditis

Endocarditis, Transcatheter Valve Replacement

Endocarditis, Cardiac Implantable Electronic Device



Endocarditis, Overview

by Helen Boucher, M.D. last updated Apr 22, 2025

Endocarditis, overview

Overview

- Endocarditis diagnostic criteria include (see [2023 Duke-International Society for Cardiovascular Infectious Diseases Criteria](#) for complete list):
 - Echocardiographic evidence of valvular vegetation, valve/leaflet perforation, fistula, aneurysm, or abscess; significant, new valvular regurgitation
 - TEE (trans-esophageal) more sensitive than TTE (trans-thoracic)
 - Positive cardiac CT or PET-CT now included as a major criterion imaging modality
 - Two or more separate positive blood cultures for organisms that commonly cause endocarditis
 - Positive polymerase chain reaction or other nucleic acid-based technique for *Coxiella burnetii*, *Bartonella* species, or *Tropheryma whippelii*; positive serology for *Bartonella henselae* or *Bartonella quintana* with immunoglobulin G (IgG) titer $\geq 1:800$ now major microbiologic criteria

主要治療方式

Specific Topics

- Empiric therapy
 - Native valve, empiric therapy
 - Prosthetic valve, empiric therapy
- Specific therapy
 - Aspergillus
 - Bartonella
 - Candida
 - Cardiac implantable electronic device
 - Chlamydial
 - Coagulase-negative staphylococci (prosthetic valve)
 - Culture-negative



Endocarditis, Native Valve, Empiric Therapy

by Helen Boucher, M.D. last updated Feb 25, 2025

Endocarditis, native valve, empiric therapy awaiting culture results

Clinical Setting

- Empiric therapy for native valve endocarditis pending culture results.
- Valvular or congenital heart disease. Signs and symptoms of endocarditis.
- When to start empiric therapy?
 - If patient is not acutely ill and not in heart failure, reasonable to wait for blood culture results.
 - If initial 3 blood cultures are negative after 24–48 hours, obtain 2–3 more blood cultures before starting empiric therapy.

Etiologies

- *Staphylococcus aureus*, methicillin-susceptible and methicillin-resistant strains (~30%, higher in injection drug users)
- *Streptococcus* sp. (~25%)
 - Viridans group
 - *Streptococcus gallolyticus* (formerly *S. bovis*)
- *Enterococcus* sp. (~10%)
- HACEK group organisms (~2%)
- Culture-negative (~10%) (usually due to prior antibiotics)

Primary Regimens

- **Vancomycin** 15-20 mg/kg IV q8-12h to achieve preferred target AUC₂₄ 400-600 µg/mL x hr (see [vancomycin AUC dosing calculator](#); alternative is trough of 15-20 µg/mL) + [Ceftriaxone](#) 2 gm q24h (see Comments)

Alternative Regimens

- [Vancomycin](#) 15-20 mg/kg IV q8-12h to achieve preferred target AUC₂₄ 400-600 µg/mL x hr (see [vancomycin AUC dosing calculator](#); alternative is trough of 15-20 µg/mL) + [Ciprofloxacin](#) 400 mg IV q8h (see Comments)



Vancomycin

by Douglas Black, Pharm.D. last updated Jun 10, 2025

Tradename: Vancocin

Drug Shortages

Prep	Started At	Notes
Injection	2015-06-01	

用法與劑量的說明

Usage and Dosing

- Vancomycin is a glycopeptide antibiotic most often used in parenteral form for empiric or specific treatment of methicillin-resistant *Staphylococcus aureus* (MRSA) and *Staphylococcus epidermidis* (MRSE) infections. In the case of penicillin-allergy, it can also be used for susceptible *Staphylococcus*. The oral formulation is the preferred therapy for *C. difficile* infection.
- Vancomycin was isolated in 1957 from *Streptomyces orientalis* by an organic chemist with Eli Lilly working in the deep jungles in Borneo. Its name was derived from "vanquish" because of its ability to eradicate *S. aureus*. The original 1950s product contained considerable amounts (up to 70%) of impurities and had a brown color, thus earning the nickname "Mississippi Mud."
- Mechanism of action: Vancomycin binds (via hydrogen bonding) to the terminal D-alanyl-D-alanine residues of the N-acetylmuramic acid (NAM) peptides within the bacterial cell wall, preventing subsequent cross-linking and thereby interrupting cell wall synthesis. It is considered a slowly bactericidal drug.
- Monitoring guidelines:
 - Multi-society (ASHP, IDSA, PIDS, SIDP) guidelines recommend **AUC₂₄ monitoring** (area under the serum concentration vs. time curve for 24 hours) **for serious MRSA infections** ([Am J Health Sys Pharm 2020;77:835](#)).
 - See also [Clin Infect Dis 2020;70:1536](#); [Clin Infect Dis 2020;70:1546](#).
 - Comprehensive "pro" and "con" discussion: [Clin Infect Dis 2021;72:1497](#) and [Clin Infect Dis 2021;72:1502](#).

Adult Dose

■ Intermittent dosing

- Loading (initial) dose:
 - 25-30 mg/kg IV (maximum 3 gm)
 - Use actual body weight, infusion rate 10-15 mg/min
- Maintenance dose:
 - 15-20 mg/kg IV q8-12h
 - Use actual body weight, infusion rate 10-15 mg/min
- AUC monitoring (serious MRSA infection only)
 - Target: 400-600 µg/mL x hr
 - Use [Vancomycin AUC Calculator](#) to determine AUC₂₄ (requires a peak and trough concentration obtained at steady state).
 - For explanatory notes and formulas, see [Vancomycin AUC Dosing Fundamentals and Calculations](#).

■ Continuous infusion

- See [Continuous, Extended Infusion Dosing](#) page.

■ Intrathecal dosing

- Adult: 10-20 mg/day
- Target CSF concentration is 10-20 µg/mL

■ Oral dosing:

- 125-500 mg po q6h

Pediatric Dose

	Dose (Age >28 Days)	Max/Day
(IV)	60-80 mg/kg/day (divided q6-8h) Target AUC 400-600 µg/mL•hr, or trough 10-15 µg/mL	-
(po, C. difficile)	40 mg/kg/day (divided q6h)	-

成人與兒童劑量

Hepatic Adjustment

Mild impairment (Child-Pugh Class A)	No dosage adjustment
Moderate impairment (Child-Pugh Class B)	No dosage adjustment
Severe impairment (Child-Pugh Class C)	No dosage adjustment

Other Adjustment

- Obesity Dosing: See [Obesity Dosing Adjustments](#) page.
- ECMO: See [ECMO Drug Dosing Adjustment](#) page.

Adverse Effects

- Vancomycin histamine release syndrome
 - Acute onset of erythematous edematous skin due to non-specific histamine release from mast cells. Not a sign of allergy, but rather, associated with rapid infusion of vancomycin.
 - Discussion of changes in descriptive nomenclature: See [N Engl J Med 2021;384:1283](#), [Hosp Pediatr 2020;10:623](#).

適用情境：以Amoxicillin為例 (適應症)

- 鏈球菌感染 (Group A, B, C, F, G Streptococcus)
 - 急性咽喉炎 (如化膿性鏈球菌 GABS)
 - 扁桃腺炎
 - 皮膚與軟組織感染 (如蜂窩性組織炎)
 - 新生兒感染 (如 Group B strep)
- 肺炎鏈球菌 (Streptococcus pneumoniae)
 - 感染社區型肺炎 (CAP)
 - 急性鼻竇炎
 - 中耳炎 (AOM)
- 耳鼻喉常見感染
 - 急性中耳炎 (特別在兒童中，高劑量為首選)
 - 鼻竇炎
 - 咽喉炎
- 牙科感染
 - 牙齦膿瘍或口腔 Actinomyces 屬感染

適用情境：以Amoxicillin為例

【首選、次選治療的建議】

- 哪一種細菌感染是 Amoxicillin 被列為「首選治療」的對象？

【劑量與腎功能相關】

- 當成人病患的腎功能 eGFR 為 25 mL/min 時，建議的 Amoxicillin 劑量與服用頻率為何？

【小兒劑量應用】

- 針對患有中耳炎（AOM）的小兒病患，Amoxicillin 的建議劑量範圍為何？

【適應症與特殊劑型】

- 哪一項臨床情境中可考慮使用 Amoxicillin 的延釋劑型（ER tab 775 mg）一天一次療程？

【常見副作用觀察】

- 護理人員在觀察服用 Amoxicillin 的病患時，哪一項屬於常見副作用？

【過敏辨識知識】

- 單純皮疹反應的病人，過去服用 Amoxicillin 後出疹，是否必須被標記為青黴素過敏？

【首選、次選治療的建議】

哪一種細菌感染是 Amoxicillin 被列為「首選治療」的對象？

ContactSupportStoreHospital Flysheet

熱病

SANFORD GUIDE ANTIMICROBIAL

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Preferred ++ (5)

Agent is a first line therapy: reliably active in vitro, clinically effective, guideline recommended, recommended as a primary or acceptable alternative agent in the Sanford Guide. See pathogen page for specific recommendations.

- Borrelia burgdorferi
- Pasteurella multocida
- Actinomyces sp.
- Peptostreptococci
- Enterococcus faecalis, susceptible to vancomycin

Alternative + (15)

Agent is a potential alternative agent (active in vitro, possesses class activity comparable to known effective agents or a therapeutically interchangeable agents and hence likely to be clinically effective, but second line due to overly broad spectrum, toxicity, limited clinical experience, or paucity of direct evidence of effectiveness).

- Streptococcus anginosus (S. milleri) group, includes S. anginosus, S. constellatus, S. intermedius
- Streptococcus, beta-hemolytic, Groups C, F, G
- Streptococcus pneumoniae
- Arcanobacterium sp.

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Preferred ++ (5)

Alternative + (15)

Pharmacology

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Major Drug Interactions

Renal Adjustment

- Body weight and Creatinine Clearance calculations
- CrCl = Creatinine clearance (mL/min)
- CAPD = Continuous Ambulatory Peritoneal Dialysis
- CRRT = Continuous Renal Replacement Therapy
- AD = after hemodialysis
- SLED = sustained low efficiency dialysis
- ER tab: No dosage adjustment if GFR ≥ 30 , not recommended if GFR < 30 (including HD).
- Do not use the 875 mg dose if GFR < 30 .
- Ref for 1000 mg q8h adjustments: [World J Nephrol 2015;4:330](#).

Half-life, hrs (renal function normal)	1.2
Half-life, hrs (ESRD)	5-20
Dose (renal function normal)	500 mg po q8h (or 875 mg po q12h)
CrCl or eGFR	GFR > 30 : No dosage adjustment GFR 10-30: 250-500 mg q12h GFR < 10 : 250-500 mg q24h
Hemodialysis	250-500 mg q24h (+ extra dose AD)
CAPD	250-500 mg q12h
CRRT	250-500 mg q8-12h

【劑量與腎功能相關】

當成人病患的腎功能 eGFR 為 25 mL/min 時，建議的
Amoxicillin 劑量與服用頻率

250–500 mg 每 12 小時一次

【小兒劑量應用】

針對患有中耳炎（AOM）的小兒病患，Amoxicillin 的建議劑量範圍為何？

Usage and Dosing

- Amoxicillin is Ampicillin with an added hydroxyl (-OH) group. The -OH group dramatically increases oral absorption with an associated reduction in dosing frequency (3x daily for amoxicillin vs. 4x daily for ampicillin).
- The extended-release (ER) formulation allows for once-daily dosing for GABS tonsillitis and/or pharyngitis in adults and pediatric patients ≥ 12 years of age. Do not crush or chew tablet.
- Amoxicillin IV preparation is available in the UK and Europe (but not in the US). Amoxicillin IV is rapidly converted to ampicillin.
- Higher dose recommended for otitis media and community-acquired pneumonia in children.

Adult Dose

Usual dose	500-1000 mg po q8h, OR 875 mg po q12h
Extended release (ER) dose (for GABS pharyngitis, tonsillitis)	775 mg (one tablet) po q24h x10 days

Pediatric Dose

	Dose (Age ≥ 28 Days)	Max/Day
(standard)	25-50 mg/kg/day (divided q8h)	-
(AOM, pneumonia)	80-100 mg/kg/day (divided q8-12h; q12h for AOM)	-

80–100 mg/kg/day · 分 8–12 小時服用一次

【適應症與特殊劑型】

哪一項臨床情境中可考慮使用 Amoxicillin 的延釋劑型（ER tab 775 mg）一天一次療程？

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咽喉炎或扁桃腺炎 (GABS)

【常見副作用觀察】

護理人員在觀察服用 Amoxicillin 的病患時，哪一項屬於常見副作用？

Adverse Effects

- GI: nausea and vomiting, diarrhea, *C. difficile*-associated colitis.
- Fever
- Allergic reactions:

- 胃腸道：噁心、嘔吐、腹瀉、艱難梭菌相關性結腸炎。
- 發燒
- 過敏反應：

- Rash (common with all beta-lactam antibiotics, including amoxicillin).
- Others: angioedema, anaphylaxis, SCAR (e.g., SJS, TEN, DRESS, AGEP).
 - Amoxicillin appears to induce DRESS with a distinctive short latency. In 62 patients where amoxicillin was the clear culprit, median time to onset of DRESS was 5 days (*J Eur Acad Dermatol Venereol* 2021;35:2415).
- In patients with Epstein-Barr virus (infectious mononucleosis) administered amoxicillin:
 - A diffuse pruritic maculopapular rash often involving the palms and soles typically appears 7-10 days after drug administration and resolves within a week.
 - Rash incidence has traditionally been thought to be as high as 95%, but recent studies suggest 15-33%.
 - Suggested mechanism: a transient virus-mediated immunostimulation that decreases antigenic tolerance. Do not label patient as penicillin-allergic.
 - Ref: .
- In patients with true allergy, the risk of cross-allergenicity with cephalosporins is increased if the cephalosporin has an identical R-1 side chain. Cefadroxil and cefprozil have the same R-1 side chain as amoxicillin.
- Drug-induced enterocolitis syndrome (DIES). Most cases have occurred in pediatric patients ≤ 18 years of age. DIES is a non-IgE mediated hypersensitivity reaction characterized by protracted vomiting occurring 1-4 hours after drug ingestion in the absence of skin or respiratory symptoms. DIES may be associated with pallor, lethargy, hypotension, shock, diarrhea within 24 hours of drug ingestion, and leukocytosis with neutrophilia. If DIES occurs, discontinue amoxicillin and institute appropriate therapy.
- Hematologic: hemolytic anemia, neutropenia, eosinophilia, thrombocytopenia, increased INR.
- Amoxicillin-induced aseptic meningitis (rare). Typical presentation: headache and stiff neck, with temporal relationship to amoxicillin exposure. Lab findings include normal CSF glucose, elevated CSF protein, and pleocytosis.

【過敏辨識知識】

單純皮疹反應的病人，過去服用 Amoxicillin 後出疹，是否必須被標記為青黴素過敏？

Adverse Effects

- GI: nausea and vomiting, diarrhea, *C. difficile*-associated colitis.
- Fever
- Allergic reactions:
 - Rash (common with all beta-lactam antibiotics, including amoxicillin).
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- 對於患有 Epstein-Barr 病毒（傳染性單核細胞增多症）的患者，使用阿莫西林：
 - 瀰漫性搔癢性斑丘疹通常發生在手掌和腳底，通常在用藥後 7-10 天出現，並在一週內消退。
 - 傳統上認為皮疹的發生率高達 95%，但最近的研究表明其發生率僅為 15-33%。
 - 可能機制：病毒介導的短暫性免疫刺激，降低了抗原耐受性。不要將患者標記為青黴素過敏。

否，這種皮疹可能與病毒感染有關，不算真正過敏

THANK YOU

