Four Things Physicians and Patients Should Question in Pediatric Infectious Diseases and Medical Microbiology

by
Association of Medical Microbiology and Infectious Disease Canada
Last updated: January 2018

1. Don't routinely use antibiotics other than amoxicillin in the treatment of children with presumed community-acquired pneumonia (in the outpatient setting).

2. Don't use a bag for collection of urine cultures to diagnose urinary tract infections.

3. Don't routinely collect or process specimens for Clostridium difficile testing in infants less than one year of age with diarrhea.

4. Don't routinely treat uncomplicated acute hematogenous osteomyelitis with prolonged intravenous therapy.

Five Things Physicians and Patients Should Question in Adult Infectious Disease

1. Don't routinely prescribe intravenous forms of highly bioavailable antimicrobial agents for patients who can reliably take and absorb oral medications.

2. Don't prescribe alternate second-line antimicrobials to patients reporting non-severe reactions to penicillin when beta-lactams are the recommended first-line therapy.

3. Don't routinely repeat CD4 measurements in patients with HIV infection with HIV-1RNA suppression for >2 years and CD4 counts >500/μL, unless virologic failure occurs or intercurrent opportunistic infection develops.

4. Don't routinely repeat radiologic imaging in patients with osteomyelitis demonstrating clinical improvement following adequate antimicrobial therapy.

5. Don't prescribe aminoglycosides for synergy to patients with bacteremia or native valve infective endocarditis caused by Staphylococcus aureus.