

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

by

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- 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.
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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-1 RNA suppression for >2 years and CD4 counts >500/IJL, 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*.
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