

Cystic Fibrosis*

Class	Antibiotic	Dose	Side Effects	Monitoring
Oxazolidinones	Linezolid	10 mg/kg PO TID (if < 12 yrs) or 600 mg PO BID (if >= 12 yrs)	Serotonin syndrome (w/ concurrent SSRI, avoid aged cheese, meat, red wine, fava beans)	
Sulfonamide	Trimethoprim - Sulfamethoxazole (TMP- SMX, or Bactrim)	5 mg/kg PO BID	Photosensitivity, SJS	
Polycationic	Polymyxin E (Colistin)	IV 5 mg/kg q8 OR INH 75 or 150 mg BID	Pulmonary toxicity (respiratory failure following inhalation, bronchoconstriction, Nephrotoxicity) Paraesthesias	
Glycopeptide	Vancomycin	IV 15 mg/kg q8	Nephrotoxicity, red man syndrome, eosinophilia, DRESS	No peak, goal trough 15-20 (for continuous vanc: q24 until goal level 20-30)
Tetracycline	Tigecycline** Minocycline	IV 100 mg/kg x1 loading dose then 50 mg IV Q12 >8 years: Initial: 4 mg/kg loading dose then 2 mg/ kg/dose Q12 Adults: 100 mg PO BID	Photosensitivity, pancreatitis, hepatotoxicity, acute, intracranial hypertension, renal failure, photosensitivity	

Hemoptysis

Definition	Acute bleeding >240 cc in 24 hours or recurrent bleeding of >100 cc daily for several days
Management	<ul style="list-style-type: none"> • Call for help • Airway: Stop BiPAP, if intubated MV w/ PEEP (tamponade effect) • Breathing: Assess site of bleeding on auscultation and place on that side • Circulation: stop all chest PT and medications that could affect clotting (ibuprofen), consider transfusion • Interventions: attempt to identify bleeding source, hemostasis interventions, chest CT, bronchial artery embolization, tranexamic acid, ECMO

Pneumothorax

Types	Spontaneous, traumatic, tension
Presentation	Chest pain, SOB, no symptoms, decreased breath sounds, hypoxia, if tension (hypotension, tachycardia, JVD)
Workup	CXR (If concern for tension physiology, skip CXR and go straight to management)
Management	<ul style="list-style-type: none"> • ABCs, supplemental O2 if hypoxia • Unstable: chest tube placement • Tension: needle decompression 2nd ICS at MCL • Stable/Small: observation • Stable/Large: chest tube or pigtail catheter, VATS w/ pleurodesis if continued air leak