

### 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

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

### Pneumothorax

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