ANTIBIOTIC MEDICATIONS (REFERENCE)



METRONIDAZOLE

Used by Combat Medics (CM)

Nitroimidazole antibiotic and antiprotozoal

Recommended for combat wounds with organic matter contamination or abdominal cavity involvement alongside another primary antibiotic.

DOSAGE(S):

500 mg PO every 8 hours; 500 mg IV/IO infusion every 8 hours, max rate 25 mg/minute (20 minutes minimum for 500 mg)

ROUTE(S):

PO, IV, IO

CONTRAINDICATIONS:

Known hypersensitivity, pregnancy in 1st Trimester

POTENTIAL SIDE EFFECTS:

Appetite loss, candidiasis, diarrhea, headache, nasuea, vomiting, ataxia, hypersensitivity, neutropenia, metallic taste, neuropathy, pancreatitis, seizures, thrombophlebitis, xerostomia, optic neuropathy, Stevens-Johnson syndrome, toxic epidermal necrolysis

DRUG
INTERACTIONS:

Dronabinol, flibanserin, lomitapide, lonafarnib, BCG vaccine (live), dihydroergotamine, disulfiram, erythromycin, fentanyl, lovastatin, mebendazole, midazolam (intranasal), simvastatin

ONSET/PEAK/DURATION: 1-2 hr/1-2 hr/10 hr

<u>TACTICAL CONSIDERATIONS</u>: Minimal to no mission impact. Recommended for gross contamination with organic matter or injuries with abdominal cavity involvement, in addition to a primary antibiotic. For IV/IO infusion from powder, first reconstitute with 4.4ml of Sterile Water for Injection or NS; then dilute to 100ml with NS, D5W or Ringer's Lactate; finally neutralize with 5 mEq of sodium bicarbonate injection (will generate carbon dioxide gas, pressure relief may be required). DO NOT IV BOLUS due to very low pH (0.5-2) of undiluted non-neutralized solution. Do not use with equipment containing aluminum, precipitates may form.