## Protect ME **Clinical Scenario** Are antimicrobials indicated? Is the condition caused by bacteria? Is the host immune response insufficient? **Example Practice protocol** Will antimicrobials improve outcome? for use of the Protected antimicrobials Are there reasons to suggest No that FIRST LINE therapy is No antimicrobial treatment Yes not indicated? **ALTERNATIVE THERAPY** Yes No FIRST LINE THERAPY **Bacterial culture and Complete** sensitivity testing Resolution Persistent Disease planned Resolution course then **Complete planned** discontinue course then discontinue **Persistent Disease Bacterial culture and sensitivity** Consider alternative drug category pending culture and sensitivity testing. Pathogen sensitive to other FIRST LINE or ALTERNATIVE? **Consider PROTECTED antimicrobial** No Yes Only if sensitive Treat as appropriate **AVOIDED ANTIMICROBIALS** Chloramphenicol (other than Ocular) PROTECTED ANTIMICROBIALS ARE • The quinolones (e.g Enrofloxacin) Imipenem

## PROTECTED SHOULD ONLY BE USED WHERE

• In-vitro bacterial sensitivity testing show the antibiotics to be effective against isolated pathogen

• The 3rd & 4th Generation cephalosporins (e.g Ceftiofur and Cefquinome)

- No first line antimicrobials have in-vitro sensitivity UNLESS these have been used without clinical improvement
- Use of all PROTECTED antimicrobials must be recorded



Vancomycin