

ANTIBIOTIC MEDICATIONS

This TCCC pharmacology reference provides drug administration information based solely on TCCC Guidelines. This reference should not be used for the administration of these medications for any environment outside of tactical combat casualty care on the battlefield or in the combat/tactical setting.

MOXIFLOXACIN

Fluoroquinolone antibiotic

Used by All Service Members (ASM),
Combat Lifesavers (CLS) and
Combat Medics (CM)

Recommended for all open combat wounds if able to take PO meds.

DOSAGE(S): 400 mg q day

ROUTE(S): PO

CONTRA-INDICATIONS: Quinolone hypersensitivity, hepatic insufficiency, syphilis, arrhythmias, myocardial ischemia or infarction, QTc prolongation, hypokalemia, or those receiving Class IA or Class III antiarrhythmic drugs, potential benefits may warrant use in pregnant women despite potential risks if the alternative is worse

POTENTIAL SIDE EFFECTS: Dizziness, headache, peripheral neuropathy, nausea, diarrhea, abdominal pain, vomiting, taste perversion, abnormal LFTs, dyspepsia, tendon rupture

DRUG INTERACTIONS: Iron, zinc, antacids, aluminum, magnesium, calcium, and sucralfate decrease absorption, atenolol, cisapride, erythromycin, antipsychotics, TCAs, quinidine, procainamide, amiodarone, sotalol may prolong QTc interval, may cause false positive on opiate screening tests

ONSET / PEAK / DURATION: 1 hr/2 hr/20-24 hr

TACTICAL CONSIDERATIONS: Use the moxifloxacin from the casualty's own Combat Wound Medication Pack. Minimal to no mission impact.



ERTAPENEM

Carbapenem, beta-lactam antibiotic

Used by Combat Medics (CM)

Recommended for all open combat wounds if unable to take PO meds.

DOSAGE(S): 1 gm

ROUTE(S): IV, IO, IM

CONTRA-INDICATIONS: Hypersensitivity to carbapenem, beta-lactam, or amide-type local anesthetics (i.e., lidocaine), considered relatively safe in pregnancy, if clinically indicated

POTENTIAL SIDE EFFECTS: Injection site phlebitis or thrombosis, asthenia, fatigue, death, fever, leg pain, anxiety, altered mental status, dizziness, headache, insomnia, chest pain, hypo- or hypertension, tachycardia, edema, abdominal pain, diarrhea, acid reflux, constipation, dyspepsia, nausea, vomiting, increased LFTs, cough, dyspnea, pharyngitis, rales, rhonchi, respiratory distress, erythema, pruritus, rash

DRUG INTERACTIONS: Probencid decreases renal excretion

ONSET / PEAK / DURATION: 30 sec-5 min/30 min-2 hr/24 hr

TACTICAL CONSIDERATIONS: For IV reconstitute with 10 ml NS; for IM 3.2 ml 1.0% lidocaine without epinephrine. Minimal to no mission impact.

