

## ANTI-INFECTIVES

*Anti-infective agents are in reality very recent in origin. Prior to their discovery agents such as mercury and arsenic were used for many different ailments (most notably, syphilis). Sulphanomide, which was derived from a yellow clothing dye in Germany, was first developed and patented in 1932. Penicillin was first utilized in 1941 on a policeman in England. The policeman died during the course of the treatment.*

### ANTIBACTERIALS

#### PENICILLINS

- Mechanism:** Inhibits cell wall formation during replication cycle which aids in causing osmotic instability
- Indications:** Treatment or prevention of infections of gram positive or gram negative agents
- Examples:** Amoxicillin, Ampicillin, Methicillin, Oxacillin, Penicillin
- Side effects:** Nausea and vomiting, diarrhea, Rash, Anaphylaxis, Pain at injection site

#### CEPHALOSPORINS

- Mechanism:** Inhibits cell wall formation during replication cycle which aids in causing osmotic instability
- Indications:** Gram positive and gram negative bacterial infections
- Examples:** Cefadroxil, Cephalexin, Cefaclor, Ceftriaxone
- Side effects:** As above

#### AMINOGLYCOSIDE

- Mechanism:** Prevents the bacteria from synthesizing protein
- Indications:** Gram negative bacterial infections
- Examples:** Amikacin, Gentamicin, Neomycin, Streptomycin
- Side effects:** Neurotoxicity, Ototoxicity, Nephrotoxicity

## TETRACYCLINES

- Mechanism:** As above
- Indications:** Effective against gram positive and gram negative organisms; however, many of these bacteria are resistant to tetracycline. Effectively used against rare organisms such as mycoplasma and rickettsia.
- Examples:** Doxycycline, Oxytetracycline
- Side effects:** GI problems, Phototoxicity to skin, Hepatotoxicity, Rash, Phlebitis if IV

## FLUOROQUINOLONES

- Mechanism:** Blocks the bacteria's ability to form new bacteria (synthesize) by inhibiting a substance called DNA gyrase which is an enzyme essential for replication.
- Indications:** Bacterial infections
- Examples:** Ciprofloxacin, Norfloxacin, Floxacin
- Side effects:** Nausea, Phototoxicity

## SULFANOMIDES

- Mechanism:** Inhibits the bacterial organism's ability to produce folic acid leading to bacterial death.
- Indications:** Urinary tract infections, Systemic infections, Rheumatic fever refractory to other treatment regimens
- Examples:** Sulfadiazine, Sulfamethoxazole, Sulfisoxazole
- Side effects:** Nausea and vomiting, Toxic nephrosis, Aplastic anemia, Hepatic necrosis, Anaphylaxis

## ANTI-VIRALS

- Mechanism:** Two principle mechanisms exist, either the inhibition of cellular replication or, in the case of raminitidine and amantidine, a decrease in the ability of the virus to infiltrate the cell wall.
- Indications:** Prevention or treatment of viral infections

*Examples:* Acyclovir, Amantidine, Famciclovir, Trifluridine, Zidovudine

*Side effects:* Ataxia, Headache, Nausea, Fatigue, Confusion

### **ANTI-TUBERCULARS**

*Mechanism:* This classification of drugs is specific for the mycobacterium tuberculosis organism, although a few may assist in the treatment of other ailments. The action either inhibits cell wall synthesis or prevents DNA synthesis.

*Indications:* Treatment of tuberculosis

*Examples:* Aminosalicylate sodium, Capreomycin, Ethambutol, Rifampin

*Side effects:* Nausea and vomiting, Hepatitis

### **ANTI-FUNGAL**

*Mechanism:* Either weakens the cell wall or disrupts cellular replication.

*Indications:* Fungal infections

*Examples:* Amphotericin B, Clotrimazole, Econazole, Fluoronazole, Miconazole

*Side effects:* Hypersensitivity reactions, Nausea and vomiting, Headache, Hypotension

### **ANTHELMINTICS**

*Mechanism:* Either causes paralysis in the worm, prevents the worm from laying eggs, or forces detachment from the intestinal walls.

*Indications:* Pinworms, Tapeworms, Roundworms, etc.

*Examples:* Mebendazole, Niclosamide, Oxaminiquine, Praziquantal

*Side effects:* Abdominal pain, Anorexia, Nausea and vomiting, Diarrhea

## **COMMONLY TRANSPORTED ANTI-INFECTIVE PHARMACOLOGIC AGENTS**

*This section is left blank for the services medical director or training officer to review those agents which are commonly used for transport. Topics which should be covered include dosages, indications, side effects, and any transport considerations.*