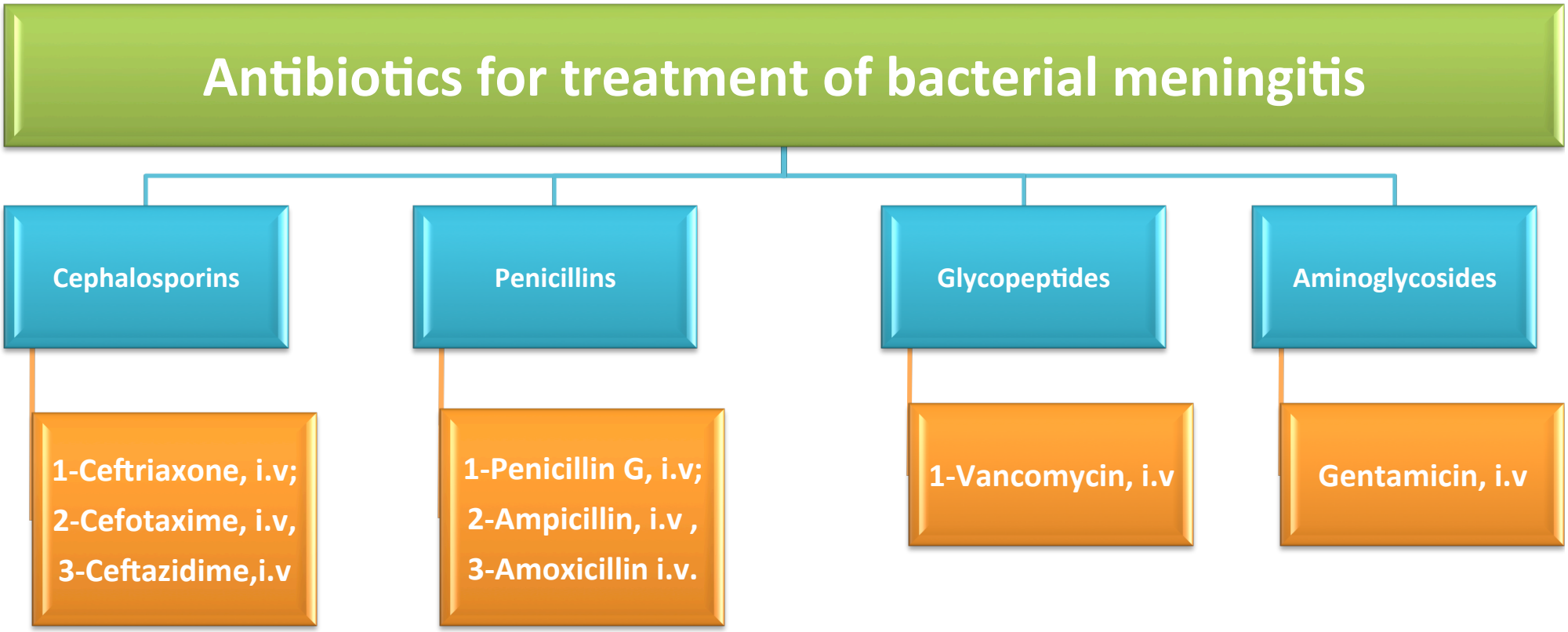
Antibiotics for treatment of bacterial meningitis
Cephalosporins
Penicillins
Glycopeptides
Aminoglycosides
1-Ceftriaxone, i.v;
2-Cefotaxime, i.v,
3-Ceftazidime,i.v
1-Penicillin G, i.v;
2-Ampicillin, i.v ,
3-Amoxicillin i.v.
1-Vancomycin, i.v
Gentamicin, i.v

	Cephalosporins	Penicillins	Vancomycin	Aminoglycosides
E.G + P.K	1-Ceftriaxone 2-Cefotaxime 3-Ceftazidime(effective in pseudomonas aeruginosa)	1-Penicillin G (narrow spectrum)i.v 2-Ampicillin (broad spectrum)i.v. 3- Amoxicillin (broad spectrum)i.v.	Given by SLOW i.v infusion	1-Gentamicin i.v. (Antibacterial Spectrum) Bactericidal(exclusive for aerobic bacteria)
M.O.A	Inhibits bacterial cell wall synthesis (Bactericidal)			Inhibit protein synthesis (30s subunit) (Bactericidal)
A.E	1-Hypersensitivity reactions 2- Superinfections 3-Diarrhea 4-Thrombophlebitis	1-Hypersensitivity reactions 2-Superinfections 3-Diarrhea 4-May cause convulsions after high doses by i.v or in renal failure.	1-Phlebitis at the site of injection 2-Ototoxicity 3-Nephrotoxicity (with high conc.) 4-Rapid infusion: Histamine release(flushing of upper body (Red man or red neck syndrome) 5-hypotension {minimized if injected slowly}.	1-Ototoxicity 2-nephrotoxicity (directly related to serum conc.) 3-Neuromuscular blockade (very dose)
USES			-In combination with 3rd generation cephalosporins for treatment of meningitis caused by penicillin resistant pneumococci. -Against Methicillin resistant S.aureus (MRSA). -Combined with Ampicillin or Ceftazidime as an initial therapy of meningitis in infant, elderly and immunocompromised patients.	

Prevention better than cure

Vaccenations

1-Haemophilus influenzae type b (Hib) vaccines:
routine childhood immunization

2-Pneumococcal polysaccharide vaccine (PPSV):
for older children and adults

3-Meningococcal conjugate vaccine:
people going to Hajj.