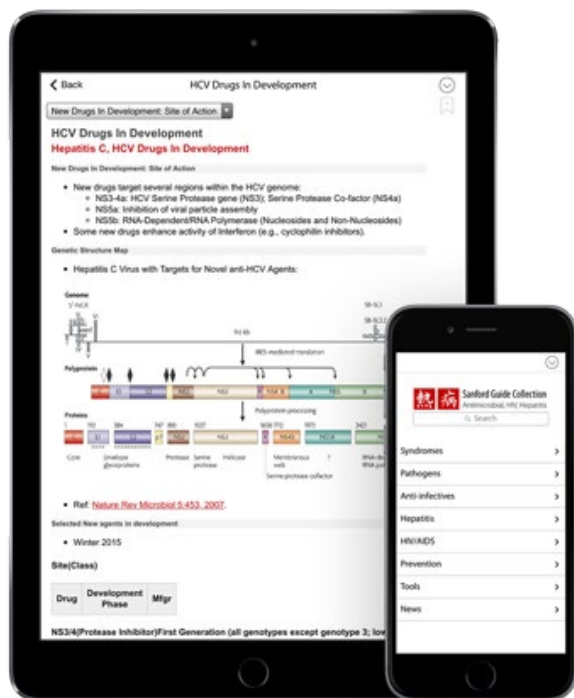


SANFORD GUIDE



SANFORD GUIDE COLLECTION



聯絡窗口：林佩穎

聯繫電話：(02)2658-2223~128



FlySheet
Med-Informatics

飛資得醫學資訊

目錄

CONTENTS

- ① 關於熱病
- ② 開始安裝
- ③ 上手使用
- ④ 注意事項

Part 01

關於熱病

ABOUT SANFORD GUIDE COLLECTION

關於熱病 Sanford Guide

被廣泛運用於院內的內科醫師、藥劑師以及臨床醫師等的熱病，現提供更方便查閱的App版！

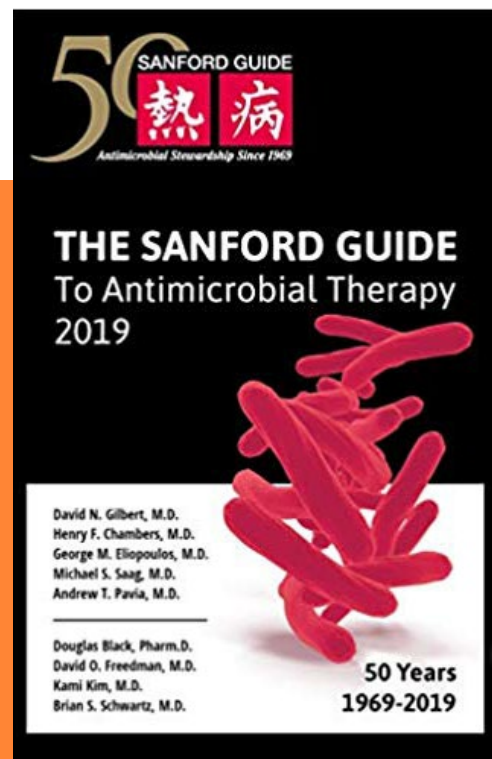
- 以紙本內容為基礎，提供更便利的瀏覽搜尋介面。
- 每月進行更新，以提供最新的醫藥資訊
- 即使在沒有網路的情況下，醫護人員還是可以使用APP進行資料檢索與瀏覽。

收錄內容

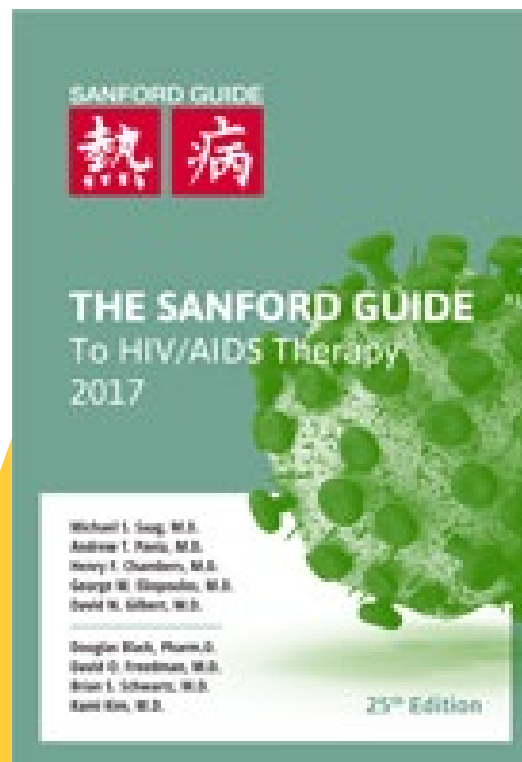
包括有各系統器官感染疾病的常見病原體、傳播途徑、診斷要點、首選和備選治療方案、藥物不良反應和應用注意事項，以及預防用藥等，並輔以有關文獻來體現實證醫學的權威性；涉及的病原體有細菌、真菌、寄生蟲和病毒等。



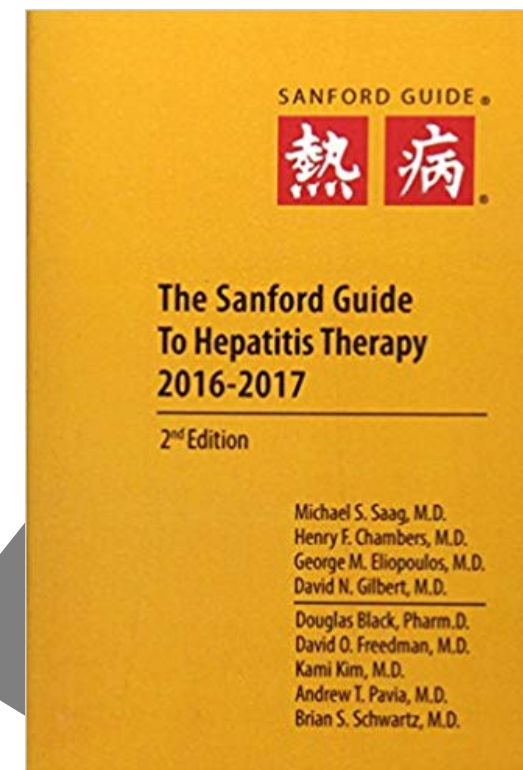
關於Sanford Guide Collection APP



Antimicrobial Therapy



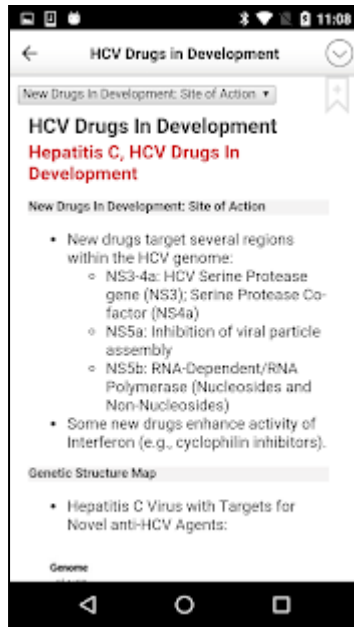
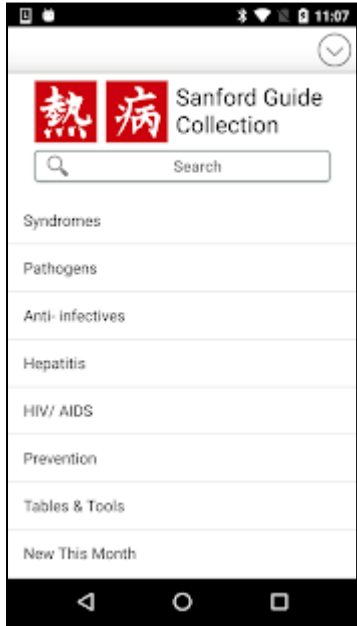
HIV/AIDS Therapy



Hepatitis Therapy

整合 Sanford Guide 的 Antimicrobial Therapy、HIV/AIDS Therapy 和 Hepatitis Therapy 的所有內容

與紙本截然不同的使用者體驗



More Information

無縫整合收錄內容，並可對外連接至 PubMed等資源



Organized by Topics

全新排版，依主題瀏覽；更提供互動計算功能



Regularly Updated

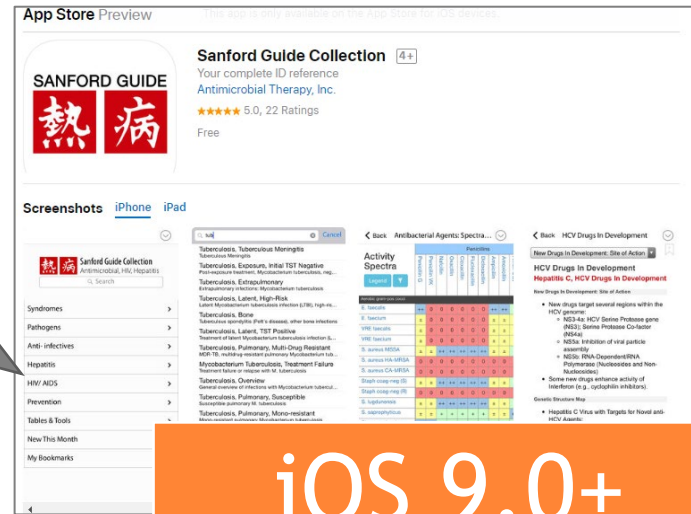
每月定期線上更新，依據最新證據提供最新發展

Part 02

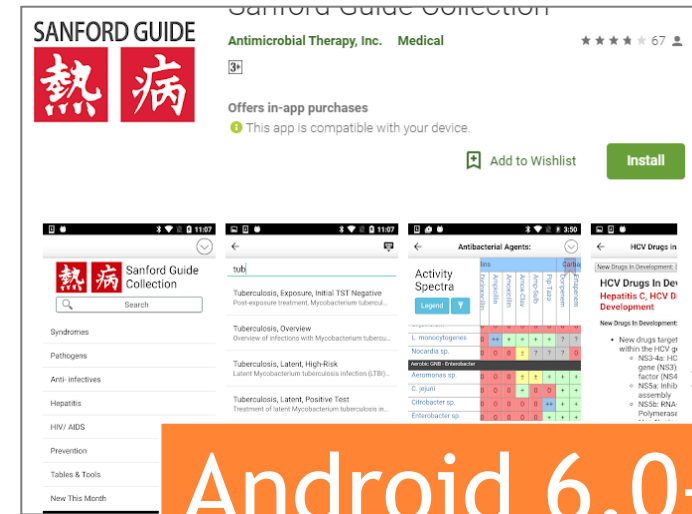
開始安裝
START TO INSTALL

依行動裝置類型下載適合之APP

適用於
iPhone, iPad,
和 iPod touch.

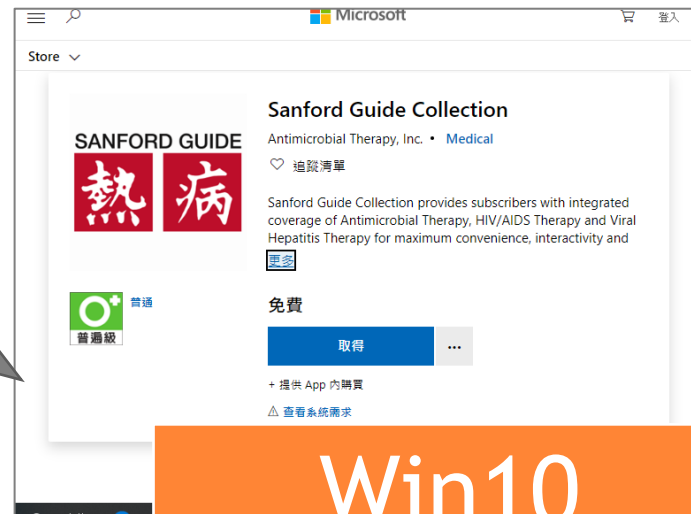


iOS 9.0+



Android 6.0+

適用於
Xbox One ,
Win 10 版本
10586.0 +



Win10



Kindle

開啟APP，輸入提供之帳號密碼

 Sanford Guide Collection
Antimicrobial, HIV, Hepatitis

Sanford Guide Collection: The Sanford Guide Collection combines Antimicrobial Therapy, HIV/AIDS Therapy, and Hepatitis Therapy into a single integrated app for maximum convenience and ease of use.

The App features full-text search, menu-driven navigation, calculators, bookmarks, notes, links to external references, and monthly content updates.

Log In

 Sanford Guide Collection
Antimicrobial, HIV, Hepatitis

Sign In

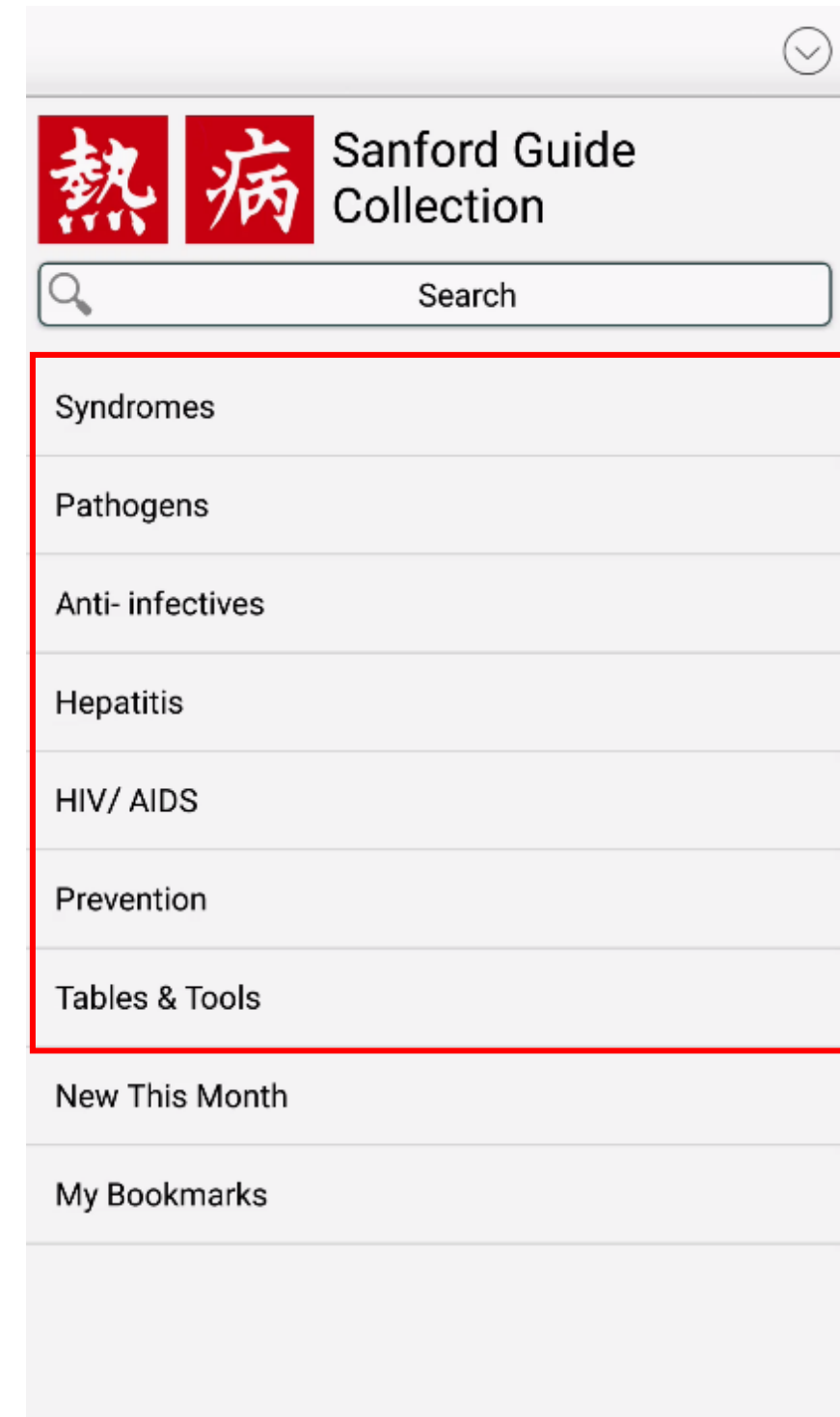
Don't have an account?
[Subscribe Now](#)

Part 03

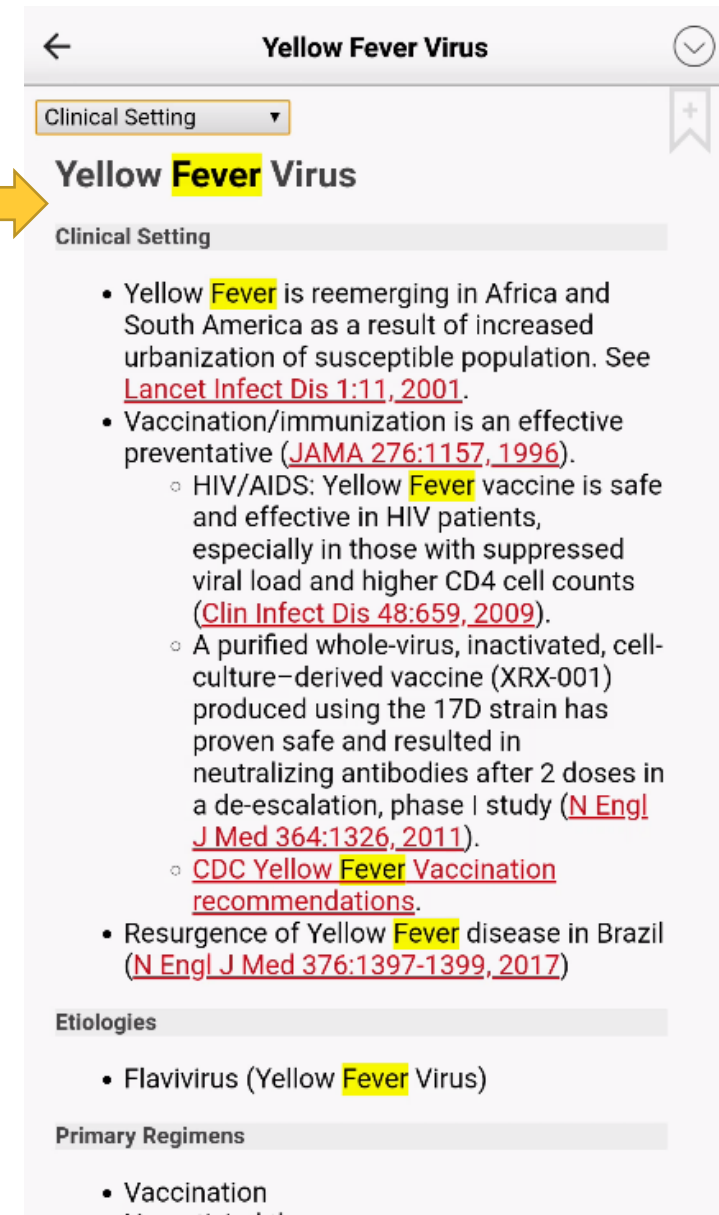
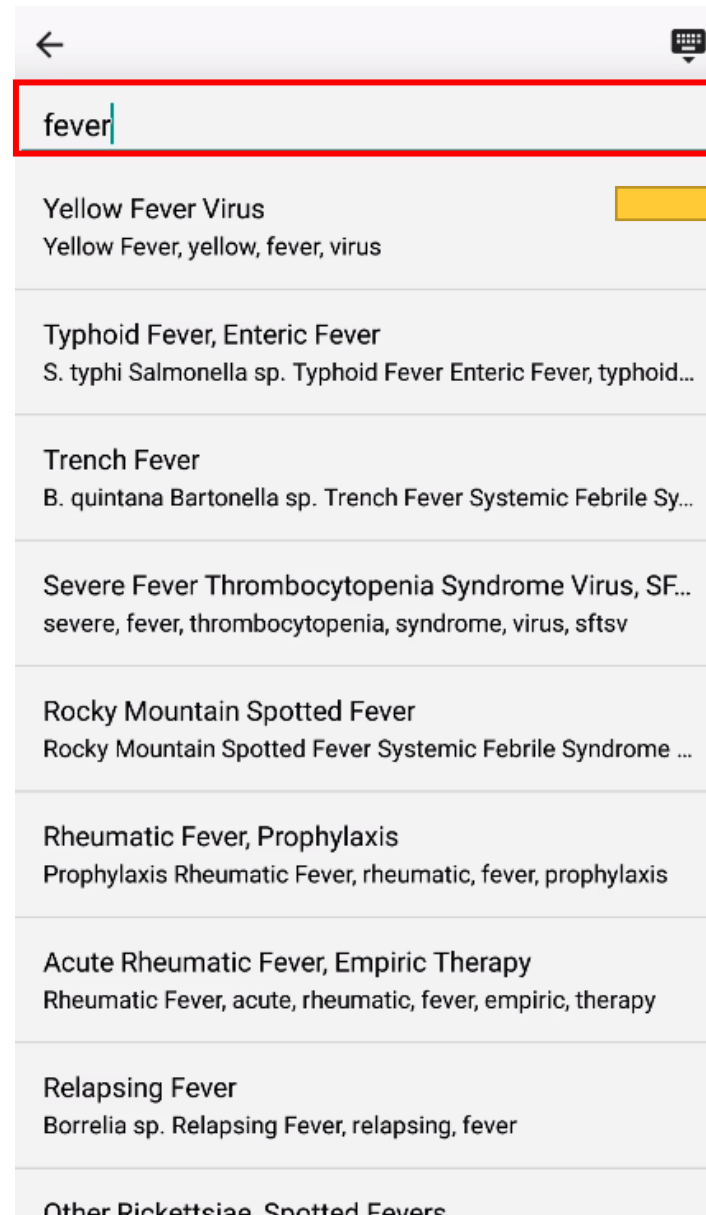
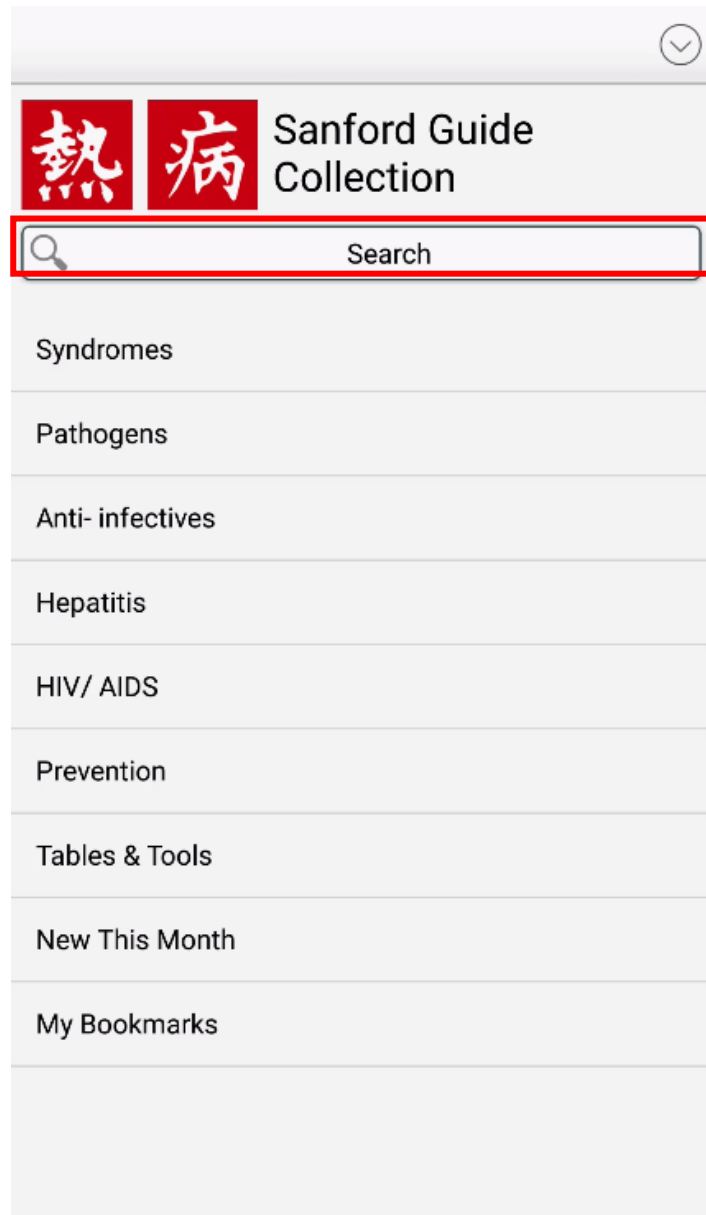
上手使用
START TO USE

可依主題瀏覽

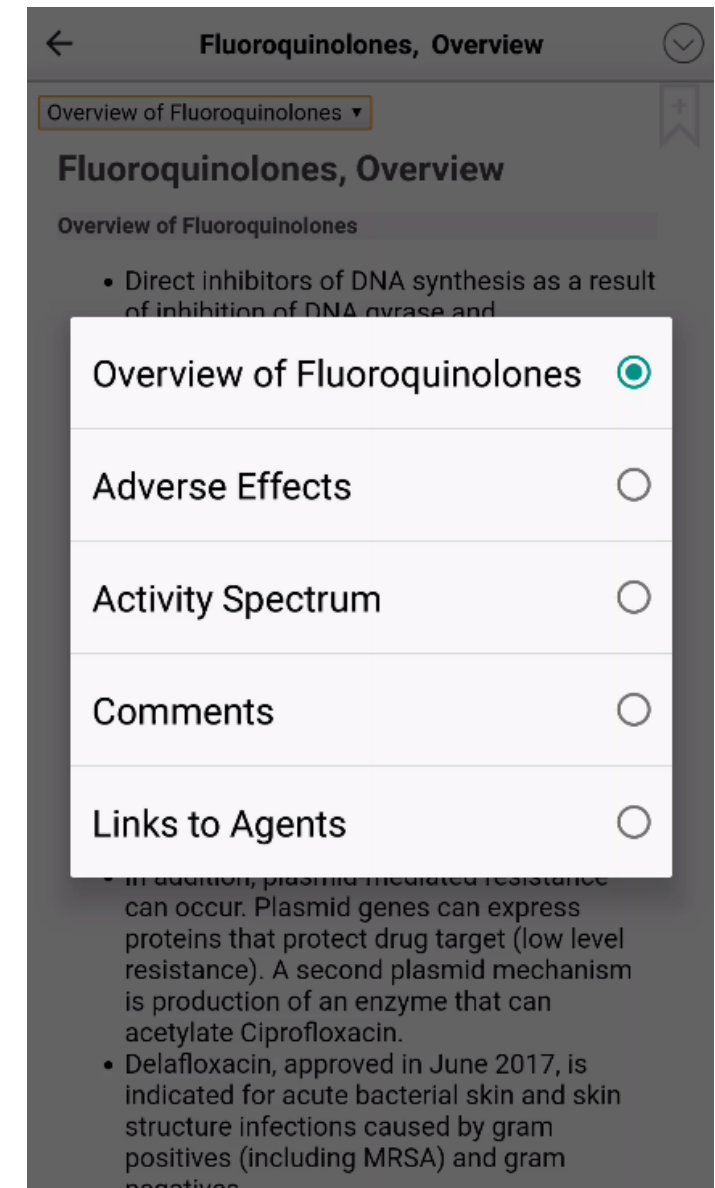
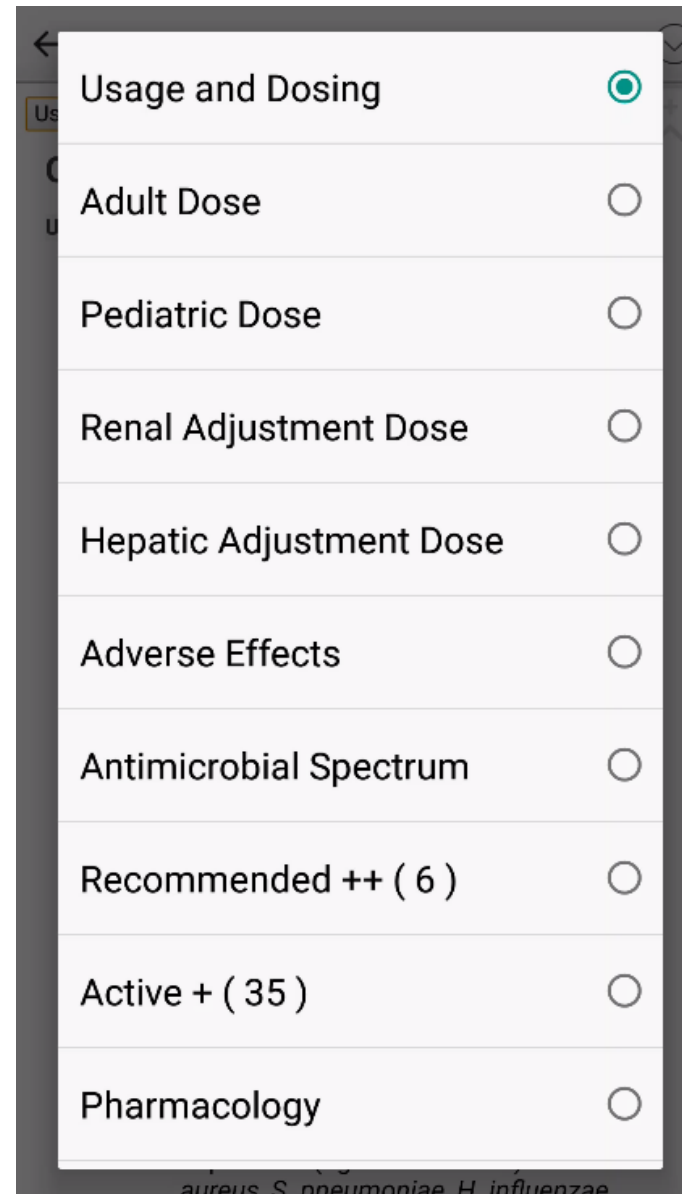
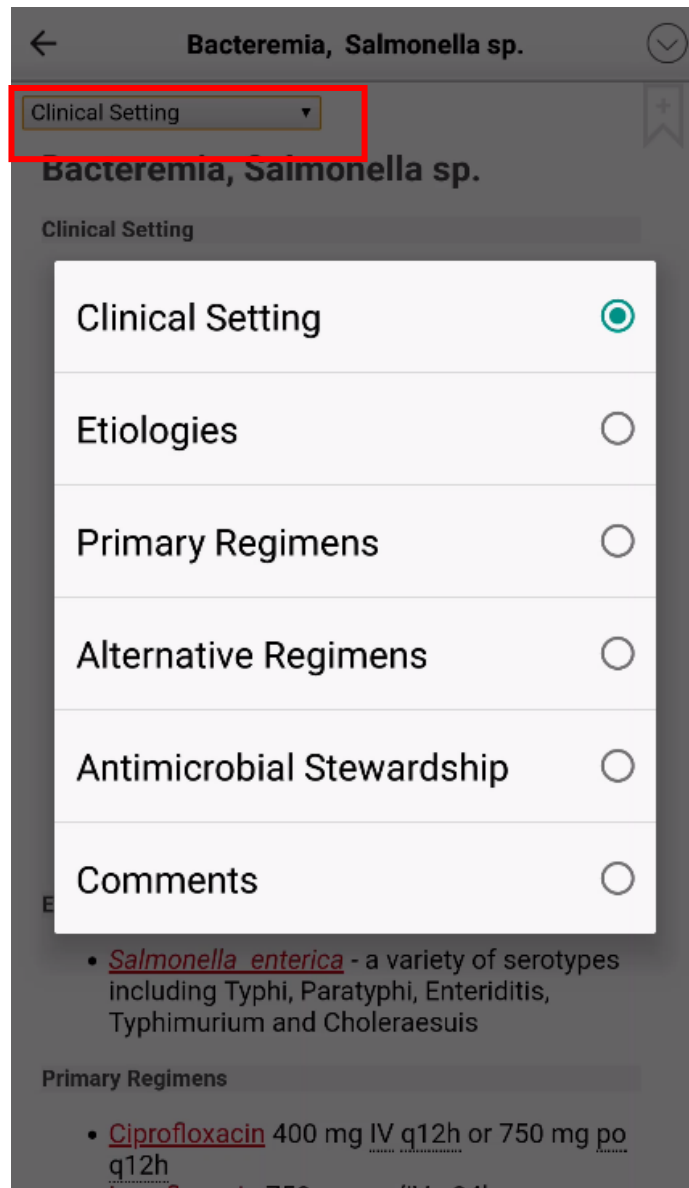
- Syndromes / Diseases
 - Organized by site of infection
- Pathogens
 - Bacterial
 - Fungal
 - Mycobacterial
 - Parasitic
 - Viral
- Anti-infective Drugs
 - Antibacterial
 - Antifungal
 - Antimycobacterial
 - Antiparasitic
 - Antiviral
 - Antiretroviral
- Hepatitis
 - Hepatitis A
 - Hepatitis B
 - Hepatitis C
 - Hepatitis D
 - Hepatitis Immunization
- HIV/AIDS
 - Patient Evaluation
 - Diagnosis
 - Resistance and Mutations
 - Antiretroviral Therapy
 - Antiretroviral Drug Information
 - Opportunistic Infections
- Prevention
 - Immunization
 - Surgical procedures
 - Dental procedures
 - Post-exposure prophylaxis
 - Transplants
- Tables and Tools
 - Activity spectra (bacterial, fungal, viral)
 - Pediatric dosing (≥ 28 days)
 - Pregnancy risk categories
 - Use of antimicrobials during lactation
 - Dosing calculators (creatinine clearance, colistin dosing, etc)
 - Dosing tools (obesity, continuous / prolonged infusion, desensitization)
 - Many more...



亦可輸入關鍵字查詢(查詢標題與內文全文)



使用大綱方式瀏覽內容 (依內容性質不同提供)



整合內部內容串接，亦可串接外部內容

←

Salmonella sp.

↻

Clinical Setting

Salmonella sp.

Clinical Setting

- Foodborne illness, often in an outbreak setting.
- Treatment not recommended for mild-to-moderate gastroenteritis in immunocompetent patients as infection is self-limited.
- Recommendations below are for patients with severe illness, immunocompromised patients, others at risk of complication or invasive disease (young children, elderly).
- CLSI has established interpretive breakpoints for susceptibility to Ciprofloxacin ([Clin Infect Dis 55:1107, 2012](#))
 - Susceptible strains: MIC < 0.06 µg/mL
 - Higher MICs (0.12-1.0, intermediate and > 2.0, resistant) correlate with presence of mutations in gyrA, gyrB, or plasmid-mediated fluoroquinolone resistance
 - For commercial antimicrobial susceptibility test systems that have not incorporated lower dilutions into test panels either Ciprofloxacin Etest or disk diffusion testing with both ciprofloxacin (zone diameter > 31 mm indicates susceptible) and nalidixic acid are recommended to detect decreased ciprofloxacin susceptibility and high level resistance

Amoxicillin, TMP-SMX, and Chloramphenicol

←

Bacteremia, Salmonella sp.

↻

fever" when diarrhea is absent.

- Classically enteric fever is caused by *Salmonella* Serotype Typhi or *Salmonella* Serotype Paratyphi (often abbreviated as *Salmonella* Typhi or *Salmonella* Paratyphi).
- Risk groups include:
 - Very young children and very old adults
 - Immunosuppressed patients
 - HIV/AIDS
 - Liver disease
 - Sickle cell disease
 - Gastric acid suppression
- Manifestations in Children ([Adv Pediatr 62:29, 2015](#)).
- See also: [Typhoid Fever](#)

Etiologies

- *Salmonella enterica* a variety of serotypes including Typhi, Paratyphi, Enteritidis, Typhimurium and Choleraesuis

Primary Regimens

- [Ciprofloxacin](#) 400 mg IV q12h or 750 mg po q12h
- [Levofloxacin](#) 750 mg po/IV q24h
- Duration of therapy depends on the presence or absence of extra-intestinal infection: i.e.,
 - If no extra-intestinal infection, treat for 14 days
 - If extra-intestinal infection (e.g., mycotic aneurysm, osteomyelitis) or if immunosuppressed, may need up to 4-

Top

加入書籤

🏠

🔒 https://www.ncbi.nlm.nih.gov/

4

⋮

Please try the new [PubMed mobile](#) website.

PubMed

Search term

🔍

↓ Full text

Salmonella Infections in Childhood.

Review article

Bula-Rudas FJ, et al. Adv Pediatr. 2015.

[Show full citation](#)

Abstract

Salmonella are gram-negative bacilli within the family Enterobacteriaceae. They are the cause of significant morbidity and mortality worldwide. Animals (pets) are an important reservoir for nontyphoidal Salmonella, whereas humans are the only natural host and reservoir for *Salmonella* Typhi. *Salmonella* infections are a major cause of gastroenteritis worldwide. They account for an estimated 2.8 billion cases of diarrheal disease each year. The transmission of *Salmonella* is frequently associated with the consumption of contaminated water and food of animal origin, and it is facilitated by conditions of poor hygiene. Nontyphoidal *Salmonella* infections have a worldwide distribution, whereas most typhoidal *Salmonella* infections in the United States are acquired abroad. In the United States,

回到頁首

連結相關計算器

←

Cefotetan

✓

- **Obesity dosing:** In a small retrospective study, there was no difference in surgical site infection rates between 2 gm and 3 gm prophylaxis doses in patients weighing ≥ 120 kg with median BMI 42 kg/m² ([Surg Infect 2018 May 2 \[Epub ahead of print\]](#)).
- For class-wide adverse effects and discussion, see [Cephalosporins, Overview](#).

Adult Dose

Usual Dose	1–3 gm IV/IM q12h (max 6 gm q24h)
------------	-----------------------------------

Pediatric Dose

- Age >28 days: 60-100 mg/kg/day, divided q12h (max 6 gm/day)

Renal Adjustment Dose

- **Body weight and Creatinine Clearance calculations**

Half-life (Normal/ESRD)/hr	4/13-25
Reference Dose Normal Renal Function	1-2 gm q12h
CrCl > 50-90	1-2 gm q12h
CrCl 10-50	1-2 gm q24h
CrCl < 10	1-2 gm q48h

Top

←

Creatinine Clearance

✓

Unit Conversion (UC)

Creatinine Clearance

Sex	Male ☒ Female ☐
Age in Years	
Height	ft in ☒ ft ☐ cm
Weight	0.00 ☒ lbs ☐ kg
Serum Creatinine	0.00 ☒ mg/dL ☐ micromol/L

Calculate

Reset Inputs

←

Creatinine Clearance

✓

- Body Mass Index (BMI) ☐
- Body Surface Area (BSA) ☐
- Child Pugh Score ☐
- Colistin Dosing ☐
- Creatinine Clearance (CrCl) ☐
- Glomerular Filtration Rate (GFR) ☐
- Ideal Body Weight (IBW) ☐
- MELD Score ☐
- Unit Conversion (UC) ☒

相關的表格與工具

← Tables & Tools
What's In Tools?
What's in the digital Sanford Guide?
Abbreviations- Dosing
Activity Spectra
Adverse Effects & Allergy
Antimicrobial Stewardship, Overview
Calculators
Dosing / Use in Special Populations
Duration of Therapy, Antibacterial
Novel dosing strategies
Pharmacology Data: Tables
Sources for Anti- parasitic

← What's In Tools?
What's in the Tools Menu? ▾
What's In Tools?
What's in the Tools Menu?
If you have never looked under the hood of the Tables & Tools menu, there is a wealth of useful, unique and hard-to-find information. Corresponding print edition tables in the Sanford Guide to Antimicrobial Therapy are in (). Here is what you will find:
• Abbreviations - Dosing • Activity Spectra ◦ Antibacterial Activity Spectra Table (Table 4A) ◦ Antifungal Activity Spectra Table (Table 4B) ◦ Antiviral (non-HIV) Activity Spectra Table (Table 4C) • Adverse Effects & Allergy ◦ Desensitization (Table 7) ▪ Overview ▪ Ceftaroline ▪ Ceftriaxone ▪ Daptomycin ▪ Metronidazole ▪ Oral Penicillin ▪ Parenteral Penicillin ▪ TMP-SMX ▪ Valganciclovir ◦ Beta-lactam Allergy, Overview ◦ Photosensitivity (Table 10C) ◦ QTc Interval Prolongation

← What's In Tools?
◦ QTc Interval Prolongation • Calculators (interactive) ◦ Body Mass Index (BMI) ◦ Body Surface Area (BSA) ◦ Child-Pugh Score ◦ Colistin Dosing ◦ Creatinine Clearance (CrCl) ◦ Estimated Glomerular Filtration Rate (eGFR) ◦ Ideal Body Weight (IBW) ◦ MELD Score ◦ Unit Conversion • Dosing / Use in Special Populations ◦ Obesity (Table 17C) ◦ Renal Impairment: Dosing Adjustments (Table 17A) ◦ Pediatric Dosing (Table 16) ◦ Pregnancy Risk Categories (Table 8) ◦ Pregnancy Risk & Lactation Safety (Table 8) • Pharmacology Data Tables ◦ Enzyme- & Transporter-mediated Interactions (Table 9C) ◦ Pharmacologic Features of Antimicrobial Agents (Table 9A) ◦ Pharmacodynamics (Table 9B) • Novel Dosing Strategies ◦ Continuous or Prolonged Infusion Dosing (Table 10E) ◦ Inhalation Antibiotics Dosing (Table 10F) ◦ Intraperitoneal Drug Dosing (Table 19) • Suggested Duration of Therapy (Table 3)
Top Last updated on 11/1/2016

Activity Spectra (在Tables & Tools)中

Antibacterial Agents: ⌵

ADD DRUG/PATHOGEN	—	
PIVOT AXES		
Clear All	—	

Clear All —

Antibacterial Agents: ⌵

Search for a drug or pathogen 🔍

All Drugs

All Pathogens

Drug Groups

- Penicillins
- Carbapenems
- Monobactam
- Fluoroquinolone
- Parenteral Cephalosporins
- Oral Cephalosporins
- Aminoglycosides
- Chloramphenicol

輸入藥物
或病原

Antibacterial Agents: ⌵

	Macrolides				Tetracyclines		
ADD DRUG/PATHOGEN	—	—	—	—	—	—	—
PIVOT AXES							
	Erythromycin	Azithromycin	Clarithromycin	Telithromycin	Tetracycline	Doxycycline	Minocycline
Aer GNB Ent							
Aeromonas sp.	—	0	0	0	0		
C. jejuni	—	++	++	+	0		
Citrobacter sp.	—	0	0	0	0		
C. koseri	—	0	0	0	0		
Enterobacter sp.	—	0	0	0	0	+	0
E. cloacae	—	0	0	0	0	+	0
E. coli (S)	—	0	±	0	0	±	±
E. coli, Klebs ESBL	—	0	0	0	0		
E. coli, Klebs KPC	—	0	0	0	0		
E. coli, Klebs MBL	—	0	0	0	0		
Enterics CRE, NOS	—	0	0	0	0		
K. oxytoca	—	0	0	0	0		
K. pneumoniae (S)	—	0	0	0	0		
Morganella sp.	—	0	0	0	0	?	0

表格轉置

[Azithromycin](#) and [Escherichia coli, susceptible](#)

SG: Variable ⓘ

Enterohemorrhagic E.coli are susceptible

[Eravacycline](#) and [Enterobacter cloacae](#)

SG: Active ⓘ

FDA recommends use only if no other option

Dosing/Use in Special Populations 特殊族群(如藥物半衰期及劑量)

← Tables & Tools
What's In Tools?
What's in the digital Sanford Guide?
Abbreviations- Dosing
Activity Spectra
Adverse Effects & Allergy
Antimicrobial Stewardship, Overview
Calculators
Dosing / Use in Special Populations
Duration of Therapy, Antibacterial
Novel dosing strategies
Pharmacology Data: Tables
Sources for Anti- parasitic

←

Renal Impairment: Dosing

⌵

熱病

Renal Impairment Dosing

🔍

Antimicrobial	Half-life	Dosing
Antibacterials		
Aminoglycosides, MDD		
Amikacin	View	View
Gentamicin	View	View
Netilmicin	View	View
Plazomicin	View	View
Tobramycin	View	View
Aminoglycosides, ODD		
Amikacin	View	View
Gentamicin	View	View
Isepamicin	View	View
Kanamycin	View	View
Netilmicin	View	View
Streptomycin	View	View
Tobramycin	View	View
Beta-Lactams		
Carbapenems		
Doripenem	View	View
Ertapenem	View	View
Imipenem	View	View

Amikacin	
Half-Life, Hrs	
Renal Function Normal:	2-3
ESRD:	30-70
Check levels with CAPD, PK highly variable. Usual method w/CAPD: 2L dialysis fluid replaced qid (Example amikacin: give 8L x 20 mg lost/L = 160 mg amikacin IV supplement daily).	
High flux HD membranes lead to unpredictable drug CI; measure post-dialysis drug levels.	

Amikacin	
Dosing	
Renal Function Normal:	7.5 mg/kg IM/IV q12h (once-daily dosing below)
CrCl >50-90:	7.5 mg/kg q12h
CrCl 10-50:	7.5 mg/kg q24h
CrCl <10:	7.5 mg/kg q48h
Hemodialysis:	7.5 mg/kg q48h (+ extra 3.75 mg/kg AD)
CAPD:	15-20 mg lost per L of dialysate/day
CRRT:	7.5 mg/kg q24h
Check levels with CAPD, PK highly variable. Usual method w/CAPD: 2L dialysis fluid replaced qid (Example amikacin: give 8L x 20 mg lost/L = 160 mg amikacin IV supplement daily).	
High flux HD membranes lead to unpredictable drug CI; measure post-dialysis drug levels.	
Close	

每月更新提示

The sequence of screenshots illustrates the navigation process within the Sanford Guide Collection app:

- Sanford Guide Collection Main Menu:** The 'New This Month' option is highlighted with a red box.
- New This Month - ID Update:** The 'DECEMBER 2018' dropdown menu is highlighted with a yellow box. The 'ID Update' section provides an overview of the monthly updates.
- New This Month - December 2018 Menu:** The 'New or Updated Treatment Guidelines' option is highlighted with a green box.
- New This Month - December 2018 - Treatment Guidelines:** The 'New or Updated Treatment Guidelines' section is displayed, showing updated clinical practice guidelines for the management of outpatient parenteral antimicrobial therapy from the Infectious Diseases Society of America (Clin Infect Dis 2018 Nov 13 [Epub ahead of print]). These guidelines update the 2004 version and are available on the IDSA website.

Additional content visible in the final screenshot includes:

- Drug Shortages (US):** Antimicrobial drugs or vaccines in reduced supply or unavailable due to increased demand, manufacturing delays, product discontinuation by a specific manufacturer, or unspecified reasons.
- Antimicrobial drugs or vaccines in reduced supply or unavailable:** Updated clinical practice guidelines for the management of outpatient parenteral antimicrobial therapy from the Infectious Diseases Society of America (Clin Infect Dis 2018 Nov 13 [Epub ahead of print]). These guidelines update the 2004 version and are available on the IDSA website.
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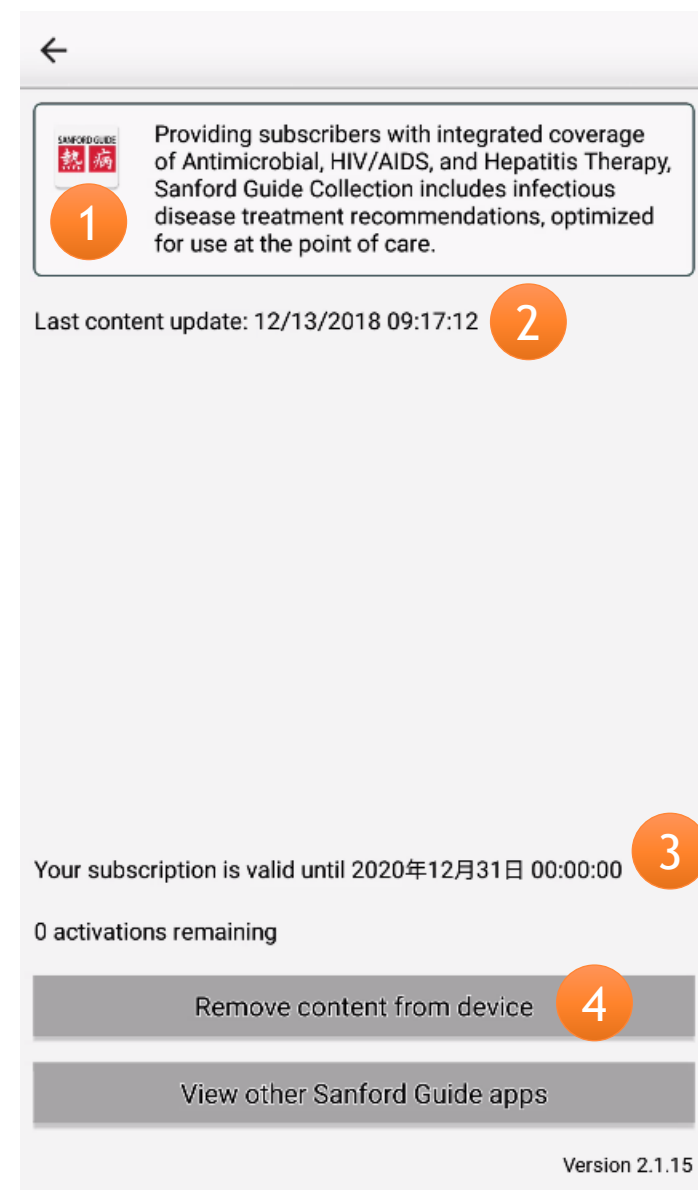
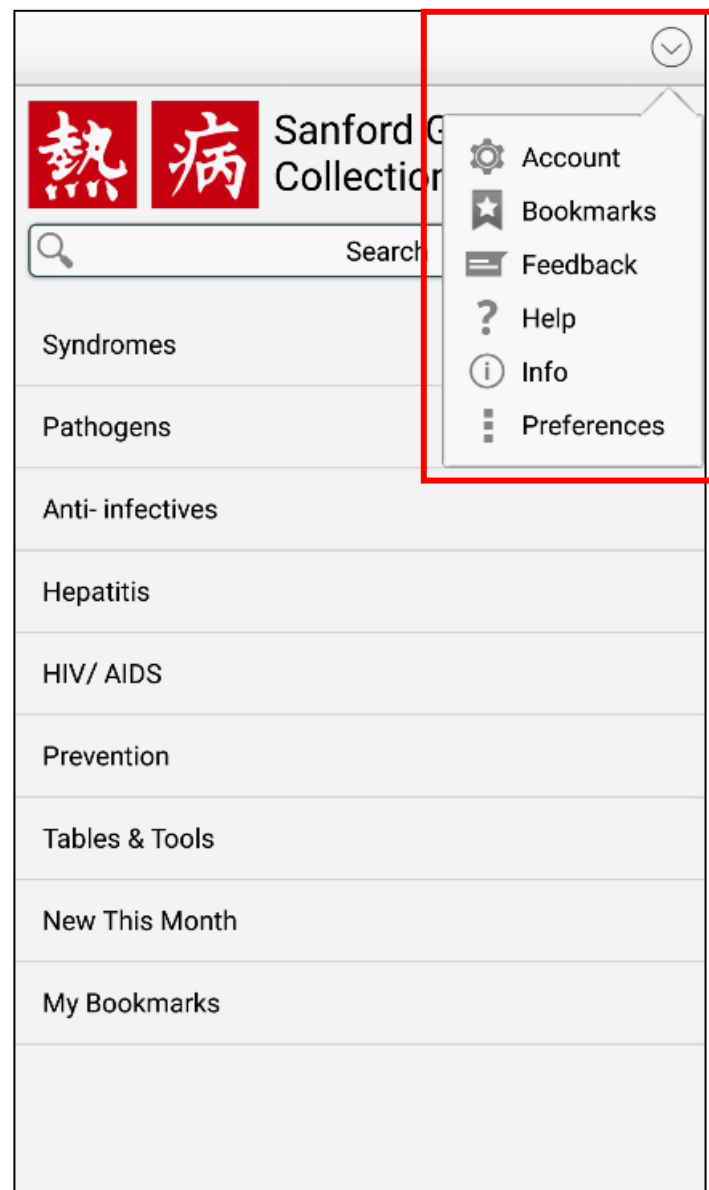
Part 04

注意事項 ATTENTION

了解安裝狀態、訂期、更新時間等資訊

- 點選右上角下拉式選單中的 Account 可以了解相關資訊。

1. 收錄內容
2. 最近更新時間
3. 訂期到期日
4. 若更換手機/載具，需先移除舊裝置上的內容，才可安裝在新的裝置上



THANK YOU

