

CP-130 SERIES CLINICAL PHARMACY SOAP FORM WORKSHEET CASE TOPIC **BIOTERRORISM** COURSE **CP 131** YEAR **WINTER 2003**

SUBJECTIVE/OBJECTIVE	ASSESSMENT		PLAN		
PROBLEM SUBJECTIVE & OBJECTIVE EVIDENCE	ETIOLOGY	EVALUATE NEED FOR THERAPY; EVALUATE CURRENT THERAPY; THERAPY OPTIONS	RECOMMEND DRUG TREATMENT; FURTHER TESTS	GOALS & MONITORING PARAMETERS (TOXIC & THERAPEUTIC)	PATIENT EDUCATION
<p>BIOTERRORISM Inhalation Anthrax (incubation period 1-5d) Subjective</p> <ul style="list-style-type: none"> Flu-like sx's: Malaise, fatigue, fever, myalgias, non-production cough Respiratory distress, diaphoresis, shock <p>Objective</p> <ul style="list-style-type: none"> CXR: Mediastinal widening, pleural effusion ↑ WBC (neutrophil predominance) ↑ ALT/AST (+) Bacteremia early on in the dz. <p>Cutaneous Anthrax (incubation period 1-12d) S/sxs:</p> <ul style="list-style-type: none"> Flu-like sx's: Fatigue, fever, chills, lymphadenopathy or concomitant bacteremia Painless papule vesicles → vesicles or bullae; edema → necrosis, painless, black eschar <p>GI Anthrax S/sxs:</p> <ul style="list-style-type: none"> N/V/D (may be bloody), anorexia Fever <p>Oropharyngeal Anthrax S/sxs:</p> <ul style="list-style-type: none"> Pharyngitis, dysphagia, fever, LAN (lymphadenopathy), cervical edema, tissue necrosis, may develop into sepsis 	<p>Anthrax: aerobic, G(+), spore-forming rod</p> <p>Naturally occurring zoonotic dz</p> <p>Modes of transmission: Inhalation, ingestion, inoculation; not via person to person</p> <p>Spores are resistant to physical & chemical agents</p> <p>Risk of contracting anthrax is rare, so no prophylaxis is needed</p>	<p>Yes, to prevent respiratory distress and death</p> <p>Options Inhalation Anthrax Ciprofloxacin</p> <ul style="list-style-type: none"> Cons: GI, rash, photosensitivity, QT prolongation, cartilage toxicity, CNS (anxiety, nervousness, insomnia), HA, dizziness Rare: ↑ LFTs, bone marrow suppression, renal failure, seizure DDI: FQs are P450 inhibitors (Cipro>>>Levo, Moxi, Norfloxacin); Multivalent cations ↓ [FQs] Avoid in kids < 18yo & preg females (in anthrax, benefit outweigh risks, so ok to use) <p>Doxycycline</p> <ul style="list-style-type: none"> Cons: GI (N/D/esophageal ulceration), photosensitivity, ↑ BUN in pts w/ renal failure; multivalent cations ↓ [Doxy]; avoid in kids < 8yo & preg females (benefit outweighs risks, so ok to use) <p>Cutaneous Anthrax Cipro or doxy X 60 days If signs or systemic involvement, or involves head or neck, treat as inhalation anthrax</p> <p>GI or oropharyngeal anthrax Treat as inhalation anthrax</p> <p>POST-EXPOSURE PROPHYLAXIS Adult: Cipro or doxy Child: Cipro or doxy Preg female: Cipro Cons: non-adherence because Abx duration of 60 days</p>	<p>Inhalation Anthrax treatment Adult & preg women: Cipro 400mg IV q12h OR Doxy 100mg IV q12h + 1-2 additional agents (rifampin, vancomycin, PCN, ampicillin, CAM, imipenem, clindamycin, clarithromycin) X 60 days then change to PO Cipro/Doxy when appropriate</p> <p>Children: Cipro 10-15mg/kg IV q12h OR Doxy X 60 days → PO</p> <ul style="list-style-type: none"> > 8yo & > 45kg: 100mg IV q12h > 8yo & ≤ 45kg OR ≤ 8yo: 2.2mg/kg q12h + 1-2 additional agents <p>Post-Exposure Prophylaxis Adult: Cipro 500mg PO BID or Doxy 100mg PO BID Child: Cipro 10-15mg/kg IV q12h OR Doxy</p> <ul style="list-style-type: none"> > 8yo & > 45kg: 100mg IV q12h > 8yo & ≤ 45kg OR ≤ 8yo: 2.2mg/kg q12h <p>Preg women: Cipro 500mg PO BID</p>	<p>Goals To reduce and prevent mortality</p> <p>Monitor</p> <ul style="list-style-type: none"> S/sxs WBC ALT/AST CXR <p>Adverse Effects See Options</p>	<ul style="list-style-type: none"> Be informed Suspicious mail: Don't shake or empty Don't carry pckge, show others, or allow others to examine Put envelope on stable surface Don't touch, sniff, or taste Alert others, leave area, turn off ventilation Wash hands Notify supervisor, law enforcement Create list of all ppl in area or who handled mail Abxs need to be started ASAP Know adverse effects of medications: Don't take with antacids or space it out 1 hour before or 2 hours after abx Wear sunblock Wear long sleeve clothing Don't drink Etoh