

Prevent Mishaps With Meds for “Opportunistic” Infection Prophylaxis

You may see **immunosuppressed patients taking antimicrobial meds to prevent “opportunistic” infections.**

Patients with a very weak immune system...such as some living with HIV or on transplant meds...can be susceptible to rare infections.

These opportunistic infections are often *Mycobacterium avium* complex (MAC) or *Pneumocystis pneumonia* (PCP).

To prevent opportunistic infections, you may see long-term prophylaxis with an antibiotic, antifungal, or antiviral...or a combination.

Take steps to avoid mishaps and keep these patients safe.

On med histories, ask about indications and stop dates for antimicrobials. Patients will be on prophylaxis long term, so ensure it's continued during the admission.

Don't be surprised to see unusual doses for prophylaxis.

For example, double-strength TMP/SMX (*Bactrim DS*) can be given three times a week for prophylaxis...instead of the usual BID regimen to treat urinary tract infections.

Document when patients took their most recent dose...especially for non-daily schedules...to avoid missed doses or doubling up.

For instance, azithromycin (*Zithromax*) 1,200 mg may be given once WEEKLY for prophylaxis.

Use double checks to avoid med mix-ups. For example, the antifungal fluconazole (*Diflucan*) can be easily confused with the antidepressant fluoxetine (*Prozac*).

Be aware, some antimicrobials may require handling precautions. For instance, the antivirals ganciclovir (*Cytovene*) and valganciclovir (*Valcyte*) are hazardous. Follow your hospital's policy when giving.

Get our chart, Primary Prophylaxis of Opportunistic Infections, for more examples of infections, meds, doses, etc.

Key References:

- <https://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-opportunistic-infection/354/primary-prophylaxis> (06-24-19)
- <https://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultOITablesOnly.pdf> (06-24-19)
- Crit Care Nurs Q 2017;40(4):383-98

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