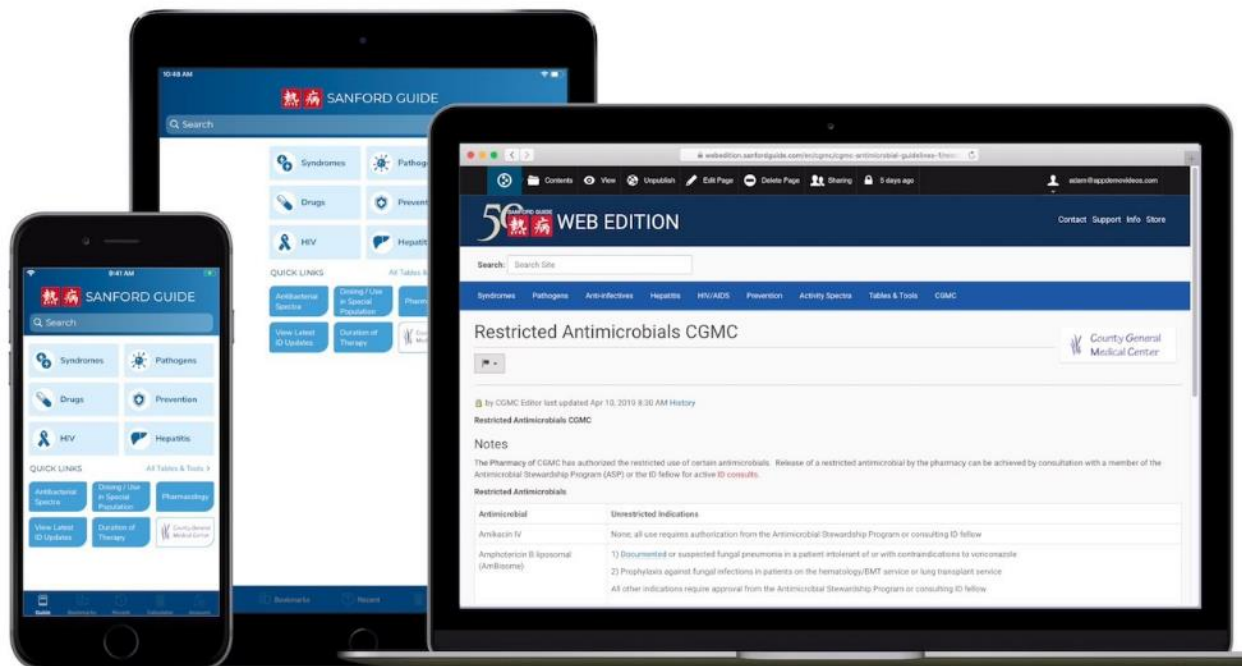


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聯絡窗口：林嫻穎

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目錄

CONTENTS

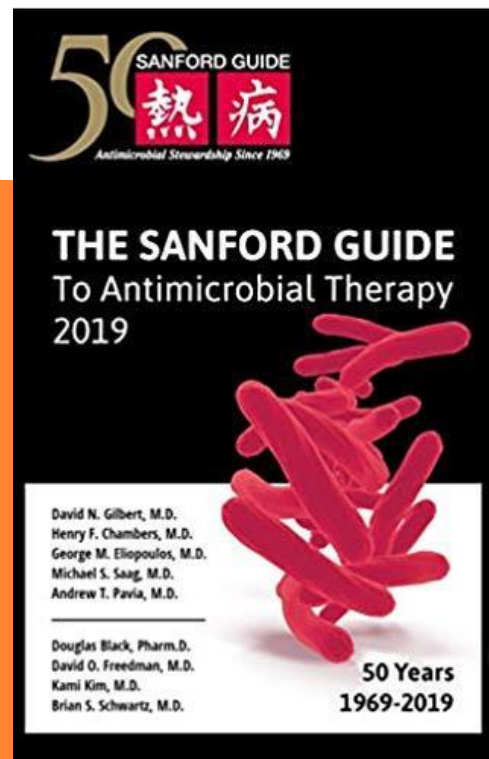
- ① 關於熱病
- ② Web版使用說明
- ③ App版使用說明
- ④ App安裝說明

Part 01

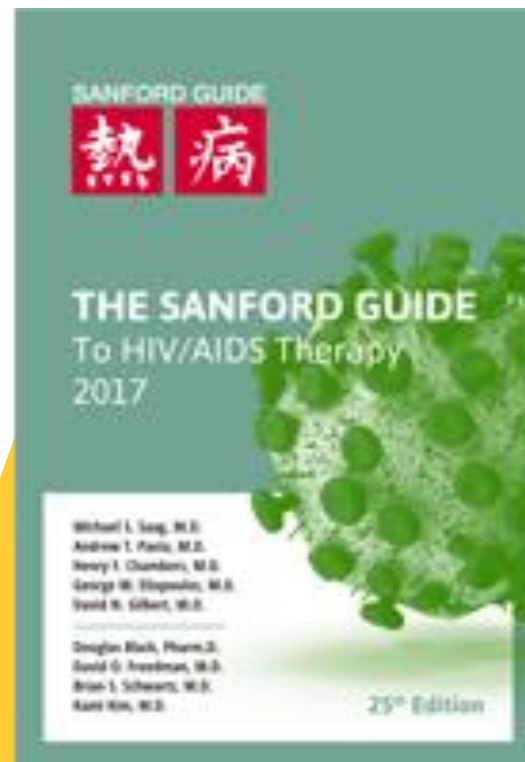
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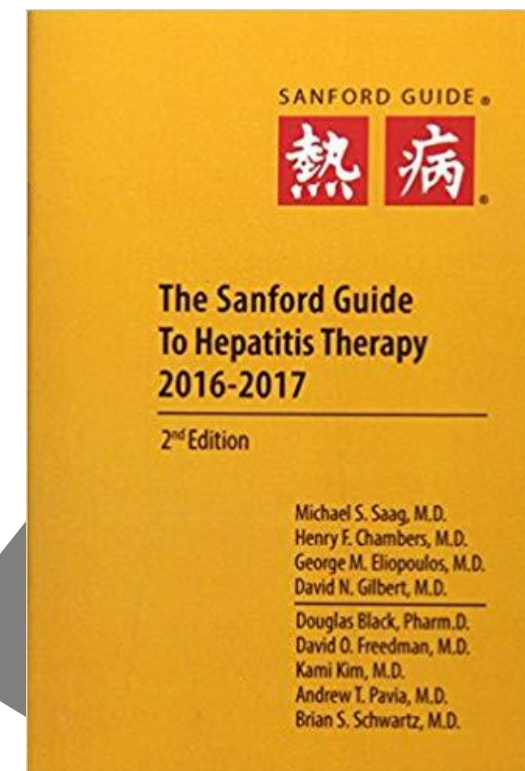
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整合 Sanford Guide 的 Antimicrobial Therapy、HIV/AIDS Therapy 和 Hepatitis Therapy 的所有內容

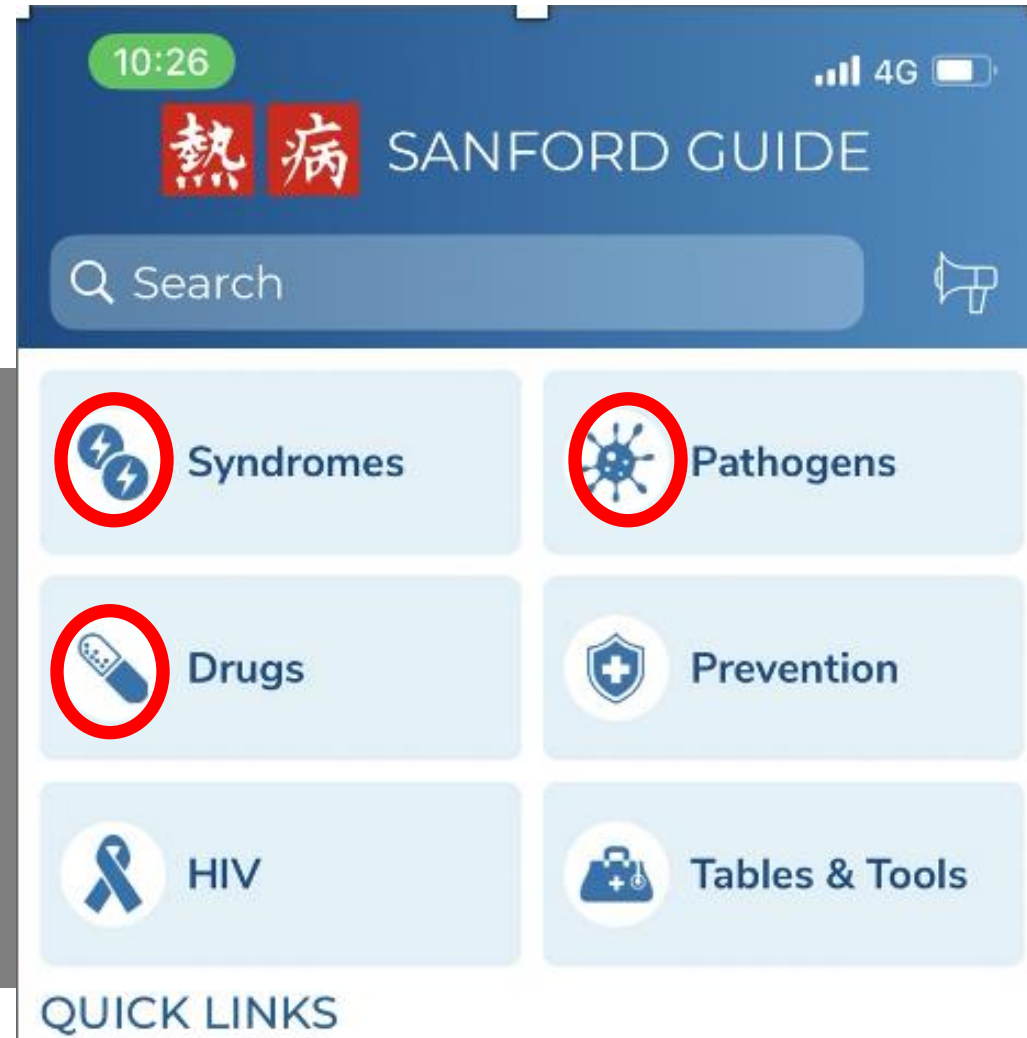
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被廣泛運用於院內的內科醫師、藥劑師以及臨床醫師等的熱病，現提供更方便查閱的Web版及App版可使用！

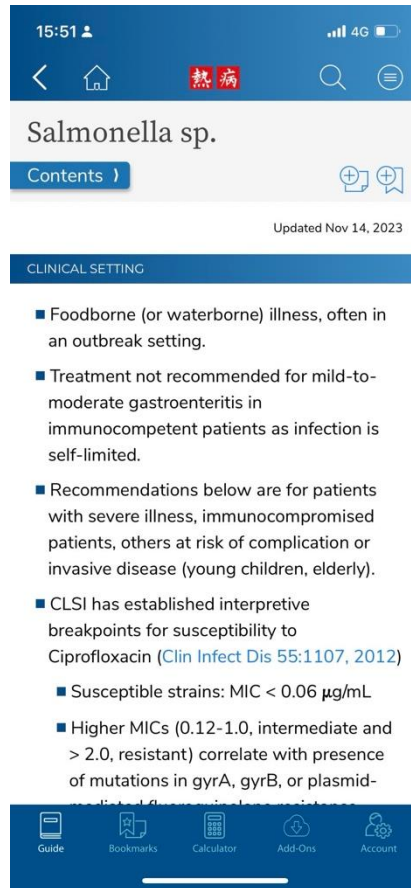
- 以紙本內容為基礎，提供更便利的瀏覽搜尋介面。
- 每月進行更新，以提供最新的醫藥資訊
- 即使在沒有網路的情況下，醫護人員還是可以使用APP進行資料檢索與瀏覽。

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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、第一線和替代治療方案、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。



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More Information

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Part 02

上手使用:Web版
START TO USE

Sanford Guide Web 使用介面

熱病

SANFORD GUIDE

檢索功能

Search

SyndromesPathogensAnti-infectivesPreventionTables & Tools

QUICK LINKS

Antibacterial Spectra

Drug Usage & Dosing

Regional Guidelines

Pharmacology

View Latest ID Updates

Duration of Therapy

COVID-19

Vaccines

ID Update

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Endocarditis, Bartonella sp.

Cat-scratch Disease (CSD)

Bartonella sp.

FlySheet

Med-Informatics

飛資得醫學資訊

Sanford Guide Web 使用介面



SANFORD GUIDE



[Syndromes](#) [Pathogens](#) [Anti-infectives](#) [Prevention](#) [Tables & Tools](#)

主題瀏覽

QUICK LINKS

[Antibacterial Spectra](#)

[Drug Usage & Dosing](#)

[Regional Guidelines](#)

[Pharmacology](#)

[View Latest ID Updates](#)

[Duration of Therapy](#)

[COVID-19](#)

[Vaccines](#)

ID Update

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[Pivmecillinam](#)



[Trench Fever, Bartonella quintana](#)



[Endocarditis: HACEK, HABCEK](#)



[Oroya Fever, Verruga Peruana, South American Bartonellosis](#)



[Bacteremia, Asymptomatic, Bartonella sp.](#)



[Endocarditis, Bartonella sp.](#)



[Cat-scratch Disease \(CSD\)](#)



[Bartonella sp.](#)

Sanford Guide Web 使用介面

 SANFORD GUIDE

Search

SyndromesPathogensAnti-infectivesPreventionTables & Tools

QUICK LINKS

[Antibacterial Spectra](#)[Drug Usage & Dosing](#)[Regional Guidelines](#)[Pharmacology](#)[View Latest ID Updates](#)

[Duration of Therapy](#)[COVID-19](#)[Vaccines](#)

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ID Update

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 [Pivmecillinam](#)

 [Antibacterial Agents: Spectra of Activity](#)

Recently Modified

 [Pivmecillinam](#)

 [Trench Fever, Bartonella quintana](#)

 [Endocarditis: HACEK, HABCEK](#)

 [Oroya Fever, Verruga Peruana, South American Bartonellosis](#)

 [Bacteremia, Asymptomatic, Bartonella sp.](#)

 [Endocarditis, Bartonella sp.](#)

 [Cat-scratch Disease \(CSD\)](#)

 [Bartonella sp.](#)

Sanford Guide Web 使用介面

熱病

SANFORD GUIDE

Search

Syndromes

Pathogens

Anti-infectives

Prevention

Tables & Tools

QUICK LINKS

Antibacterial Spectra

Drug Usage & Dosing

Regional Guidelines

Pharmacology

View Latest ID Updates

Duration of Therapy

COVID-19

Vaccines

ID Update

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Endocarditis, *Bartonella* sp.

Cat-scratch Disease (CSD)

Bartonella sp.

FlySheet

Med-Informatics

飛資得醫學資訊

Sanford Guide Web 使用介面

熱病

SANFORD GUIDE

Search

Syndromes

Pathogens

Anti-infectives

Prevention

Tables & Tools

QUICK LINKS

Antibacterial Spectra

Drug Usage & Dosing

Regional Guidelines

Pharmacology

View Latest ID Updates

Duration of Therapy

COVID-19

Vaccines

ID Update

Subscribe to updates

APRIL 2024

View all updates

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Recently Modified

Pivmecillinam

Trench Fever, *Bartonella quintana*

Endocarditis: HACEK, HABCEK

Oroya Fever, Verruga Peruana, South American Bartonellosis

Bacteremia, Asymptomatic, *Bartonella* sp.

Endocarditis, *Bartonella* sp.

Cat-scratch Disease (CSD)

Bartonella sp.

FlySheet

Med-Informatics

飛資得醫學資訊

Sanford Guide Web 使用介面

熱病

SANFORD GUIDE

Search

Syndromes

Pathogens

Anti-infectives

Prevention

Tables & Tools

QUICK LINKS

Antibacterial Spectra

Drug Usage & Dosing

Regional Guidelines

Pharmacology

View Latest ID Updates

Duration of Therapy

COVID-19

Vaccines

ID Update

APRIL 2024

Subscribe to updates

View all updates

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Pivmecillinam

Antibacterial Agents: Spectra of Activity

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Pivmecillinam

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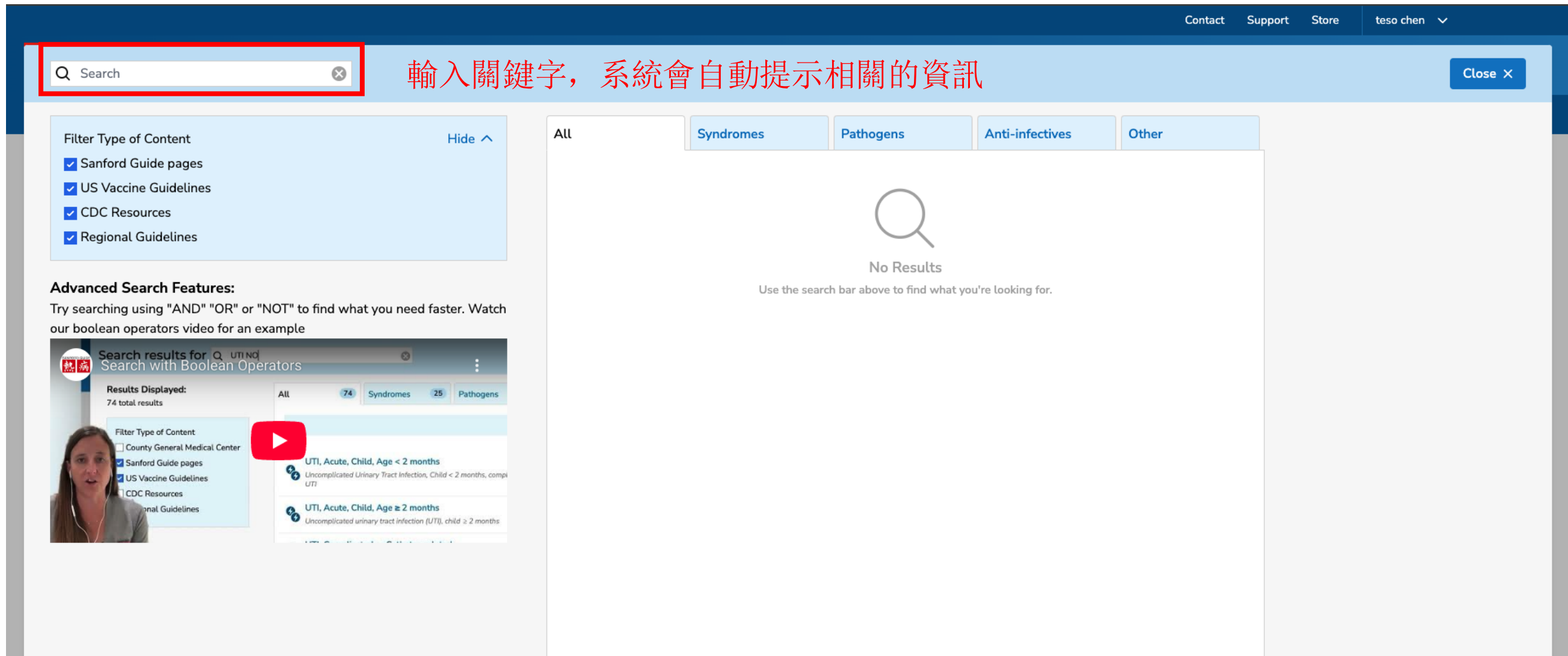
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FlySheet

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Sanford Guide pages

US Vaccine Guidelines

CDC Resources

Regional Guidelines

UTI, Acute, Child, Age < 2 months

Uncomplicated Urinary Tract Infection, Child < 2 months, compl

UTI

UTI, Acute, Child, Age ≥ 2 months

Uncomplicated urinary tract infection (UTI), child ≥ 2 months

可依主題分類做篩選

All 6

Syndromes 1

Pathogens 2

Anti-infectives 1

Other 2

< 1 of 1 >

Baloxavir marboxil

Baloxavir marboxil

Last modified Feb 03, 2025, 01:27 PM

Influenza

Seasonal Influenza, A/H1N1, A/H3N2, A/H3N2v, B

Last modified Dec 17, 2024, 02:58 PM

Influenza, Prevention

Influenza, Antiviral chemoprophylaxis

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Pneumonia, Children, Age > 3 months

Pneumonia in infants and children age > 3 months, Community acquired pneumonia

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influenza vaccine, Fluarix, Flublok, FluMist, FluAd

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Avian Influenza

H5N1, H5N7, H5N6, H5N8, H7N9, H9N2, bird flu

Last modified Dec 17, 2024, 02:46 PM

< 1 of 1 >

檢
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數

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的
時
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Hematologic abnormalities

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Sanford Guide pages

US Vaccine Guidelines

CDC Resources

Regional Guidelines

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Filter Type of Content

County General Medical Center

Sanford Guide pages

US Vaccine Guidelines

CDC Resources

Regional Guidelines

UTI, Acute, Child, Age < 2 months

Uncomplicated Urinary Tract Infection, Child < 2 months, compl

UTI

UTI, Acute, Child, Age ≥ 2 months

Uncomplicated urinary tract infection (UTI), child ≥ 2 months

All 6 Syndromes 1 Pathogens 2 Anti-infectives 1 Other 2

< 1 of 1 >

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Last modified Feb 03, 2025, 01:27 PM

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< 1 of 1 >

Hematologic abnormalities

檢索功能：輸入關鍵字查詢(查詢標題與內文全文)

ContactSupportStoreteso chen

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SANFORD GUIDE

Search

SyndromesPathogensAnti-infectivesPreventionTables & Tools



Baloxavir marboxil

by Douglas Black, Pharm.D. - Last updated Feb 03, 2025 01:27 pm

Tradename: Xofluza

Baloxavir marboxil

更新時間及商品名資訊

Usage and Dosing

Baloxavir marboxil is a single-dose oral treatment indicated for:

Treatment of acute uncomplicated influenza in patients ≥5 years of age who have been symptomatic for no more than 48 hours and who are otherwise healthy or at high risk of developing influenza-related complications.

Post-exposure prophylaxis in patients ≥5 years of age following contact with someone who has influenza.

Baloxavir marboxil is a prodrug that is rapidly hydrolyzed to the active form (baloxavir). Baloxavir inhibits replication of influenza virus by interfering with "cap snatching," a process used by the virus to hijack the host mRNA transcription system. In cap snatching, the 5'-methylated caps of cellular mRNAs are cleaved by viral endonuclease and used to prime transcription of viral mRNAs by viral RNA polymerase. Baloxavir inhibits this endonuclease activity.

Avoid co-administration with multivalent cations (see Major Drug Interactions below).

Prepare oral suspension at the time of dispensing. Administration must occur **within 10 hours** because the product does not contain a preservative. Gently tap the bottom of the bottle to loosen the granules, add 20 mL of water, gently swirl the suspension to mix (do not shake). Final concentration is 40 mg/20 mL (2 mg/mL). The total prescribed dose may require two bottles.

Review reference: Clin Infect Dis 2020;71:1790

Adult Dose

Wt <20 kg: 2 mg/kg (oral susp) x1 dose

Wt 20 to <80 kg: 40 mg (tab or oral susp) x1 dose

Wt ≥80 kg: 80 mg (tab or oral susp) x1 dose

Pediatric Dose

Dose (Age >28 Days)	Age ≥5 yrs: <20 kg: 2 mg/kg (oral susp) x1 dose 20 to <80 kg: 40 mg (tab or oral susp) x1 dose ≥80 kg: 80 mg (tab or oral susp) x1 dose
Max/Day	-

On This Page

Usage and Dosing

Adult Dose

Pediatric Dose

Renal Adjustment

Hepatic Adjustment

Adverse Effects

Pregnancy Risk

Antimicrobial Spectrum

Pharmacology

Enzyme- Transporter-mediated Interactions

Major Drug Interactions

Comments

內容大綱

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All 6

Syndromes 1

Pathogens 2

Anti-infectives 1

Other 2

< 1 of 1 >

Baloxavir marboxil

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Last modified Dec 17, 2024, 02:46 PM

< 1 of 1 >

Hematologic abnormalities

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ContactSupportStoreteso chen

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SANFORD GUIDE

Search

SyndromesPathogensAnti-infectivesPreventionTables & Tools



Influenza

by Andrew Pavia, M.D. - Last updated Dec 17, 2024 02:58 pm

Seasonal Influenza, A/H1N1, A/H3N2, A/H3N2v, B

Clinical Setting

- Seasonal influenza. Generally December-April in temperate northern hemisphere. For immunization and prevention see [Influenza, Vaccines](#).
- 2024-2025 season
 - Concurrently circulating respiratory viruses of particular concern: [RSV](#) and [COVID-19](#).
 - Symptoms overlap and etiology cannot be easily determined without testing
 - Influenza and COVID-19 co-infection in may be associated with increased morbidity and mortality in those <18 years ([MMWR December 16, 2022 / 71\(50\);1589](#))
- Symptoms of fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue and sometimes, diarrhea and vomiting.
- Complications can include:
 - Pulmonary: influenza pneumonia with/without bacterial superinfection
 - Other respiratory tract: Bronchiolitis, bronchitis, otitis media, parotitis
 - Extrapulmonary: myositis/rhabdomyolysis, myocarditis, encephalitis, and rarely toxic shock syndrome, Reyes syndrome, or post-influenza Guillian-Barre syndrome
 - Other: Exacerbation of COPD, coronary artery disease, asthma
- Risk factors for complications include: age < 2 yrs, age >65 yrs, chronic pulmonary, cardiac, renal, hematologic or metabolic disorders, neurologic and neuro-developmental disorders, immunosuppression, extreme obesity, residing in nursing home, American Indian and native Alaskan, and pregnancy ([N Engl J Med 370: 2211, 2014](#)).
- Resistance to Amantadine, Rimantadine > 95%. Do not use.
- Treatment: IDSA guidelines: [Clin Infect Dis 2019;68: 895](#)
- Vaccines are a mainstay of prevention. See [Influenza, Vaccines](#). See also [ACIP recommendations](#) of the CDC Advisory Committee on Immunization practices (ACIP)

Etiologies

- Influenza A/H1N1 virus
- influenza A/H3N2
- influenza A/H3N2v (swine associated strains occasionally infecting humans)
- Influenza B
- Avian influenza: H5N1 and H7N9: see [Avian Influenza](#)

Primary Regimens

On This Page

Clinical Setting

Etiologies

Primary Regimens

Antimicrobial Stewardship

Comments

flywheel

Med-Informatics 飛真得醫學資訊

檢索功能：輸入關鍵詞查詢(查詢標題與內文全文)

▪ Avian influenza: H5N1 and H7N9: see [Avian Influenza](#)

Primary Regimens

- **Antiviral therapy is recommended** for all persons with high risk conditions, those with severe disease, and for all patients hospitalized with influenza. Multiple observational studies suggest mortality benefit in hospitalized patients.
- Antiviral therapy has modest benefits in otherwise healthy outpatients if started within 48 hours. **Treatment can be considered.**
 - **Oseltamivir:**
 - Adult: 75 mg po bid x 5 days
 - Pediatric (age 1-12 years): age / weight-based dosing:
 - Infant 2 wks-11 months: 3 mg/kg bid x 5 days
 - ≤15 kg: 30 mg bid x 5 days
 - >15 kg to 23 kg: 45 mg bid x 5 days
 - >23 kg to 40 kg: 60 mg bid x 5 days
 - >40 kg: 75 mg bid x 5 days
 - **Zanamivir** 2 inhalations (5 mg each) bid x 5 days (age > 7 yrs, without significant asthma or COPD)
 - **Baloxavir** (age ≥5 years): weight based dosing: (**Note: baloxavir may be more effective against influenza B. See Comments**)
 - 40 mg po once if wt 20-<80 kg
 - 80 mg po once if wt >80 kg
- Hospitalized severe influenza
 - In hospitalized patients, antiviral therapy is beneficial even if started at least up to 5 days after symptom onset, although greater benefit with early therapy
 - Viral replication is longer in patients immunocompromised patients and those with severe illness
 - Hence, start oseltamivir therapy regardless of duration of influenza symptoms
 - Consider longer duration of oseltamivir (10 or more days) in the critically ill and severely immunocompromised patients
 - See [CDC Guidance](#)
 - Avoid use of corticosteroids unless indicated for other indications (e.g. COPD, adrenal insufficiency) due to reports of increased mortality ([J Infect Dis 2015; 212: 183](#))
 - If oral or enteral (i.e. NG tube) therapy is not possible, **Peramivir** 600 mg IV one time if CrCl >60 ml/min is FDA approved for uncomplicated influenza
 - Renal excretion; Dose varies with degree of renal impairment
 - For patients unable to take, or non-compliant with, use an oral medication
 - Longer duration may be given once daily IV for severely ill hospitalized patients
 - **Laninamivir** is available in Japan. Trials showed non-inferiority to oseltamivir ([Clin Infect Dis 10:1167, 2010](#))

On This Page

[Clinical Setting](#)

[Etiologies](#)

[Primary Regimens](#)

[Antimicrobial Stewardship](#)

[Comments](#)

Syndromes主題內容呈現說明

The image shows a screenshot of the Sanford Guide website. The main navigation bar at the top includes 'Syndromes', 'Pathogens', 'Anti-infectives', 'Prevention', and 'Tables & Tools'. A red box highlights the 'Syndromes' dropdown menu, which lists various medical categories. The 'Genitourinary' option is highlighted with a red box, and a red arrow points to the right, indicating the next step in the navigation. On the right side, the 'Syndromes > Genitourinary' page is shown, displaying a list of conditions. The 'Cystitis, UTI' option is highlighted with a red box, indicating the final destination of the navigation path.

SANFORD GUIDE

Syndromes Pathogens Anti-infectives Prevention Tables & Tools

Syndromes

- Cardiovascular > Central Nervous System >
- Duration of Therapy, Antibacterial > Febrile Syndromes, Systemic >
- GI, Intra-abdominal > **Genitourinary** >
- Head and Neck > Lymph nodes, spleen >
- Musculoskeletal > Ocular >
- Respiratory, Lower > Respiratory, Upper >
- Skin and Soft Tissue > Systemic Syndromes, Other >
- Toxin-mediated Syndromes > Wounds, Bites, Burns >

Syndromes > Genitourinary

- UTIs, Overview
- Bacteriuria
- Bartholin's Gland Abscess
- Cystitis, UTI** >
- Genital Herpes
- Malacoplakia
- Perinephric abscess
- Prostatitis >
- Pyelonephritis >
- Urethritis >
- Warts, anogenital
- Amnionitis/septic abortion
- Balanitis
- Cervicitis, mucopurulent
- Epididymo-orchitis
- Genital Ulcer
- Pelvic >
- Postpartum Endometritis, Endomyometritis
- Pubic lice, crabs
- STDs >
- Vaginitis >

Duration of Therapy COVID-19 Vaccines

Syndromes主題內容呈現說明

[Syndromes](#) [Pathogens](#) [Anti-infectives](#) [Prevention](#) [Tables & Tools](#)

 **UTI, Acute, Uncomplicated, Adult, Female**
by Brian Schwartz, M.D.- Last updated Nov 09, 2022 08:31 pm
Uncomplicated cystitis, urethritis in adult women

疾病名稱
更新日期

內容大綱

Clinical Setting

- Acute uncomplicated urinary tract infection (UTI) (cystitis, urethritis) in adult women without signs and symptoms of upper urinary tract infection.
- Urine culture should be considered in persons with recent UTI or in areas of high antimicrobial resistance.
- If sexually transmitted disease (STD) risk and symptoms of urethritis, consider treatment for [chlamydia](#).

Etiologies

- Enterobacterales (*E. coli* (75% - 95)%, *Klebsiella* sp.)
- S. saprophyticus*
- Enterococci and/or *Streptococcus agalactiae* (GpB Strep) in midstream urine cultures often produce false positive results [N Engl J Med 369:1883, 2013; N Engl J Med 369:1959, 2013](#).

Primary Regimens

- [TMP-SMX-Ds](#) 1 tab bid x 8 days (if local prevalence of resistance to TMP/SMX is < 20%)
- [Nitrofurantoin](#) (Macrobid) 100 mg po bid x 5 days

Alternative Regimens

- [Fosfomycin](#) 3 gm po x 1 dose (1st line recommendation per 2011 IDSA guidelines but less effective than nitrofurantoin in a RCT [JAMA 2018;319:1781](#))
- [Ciprofloxacin](#) 250 mg bid or extended release 500 mg q24h x 3 days

On This Page

- [Clinical Setting](#)
- [Etiologies](#)
- [Primary Regimens](#)
- [Alternative Regimens](#)
- [Antimicrobial Stewardship](#)
- [Comments](#)

參考來源(外部)

內部串接(藥物)

Pathogens主題內容呈現說明

Syndromes Pathogens Anti-infectives Prevention Tables & Tools

Pathogens X

- Bacterial Organisms >
- Fungal Infections >
- HIV/AIDS >
- Mycobacterial Infections >
- Parasitic Infections >
- Viral Infections** >

Pathogens > Viral Infections X

< Adenovirus	Coronaviruses >	Cytomegalovirus >
Enterovirus >	Erythema Multiforme	Hemorrhagic Fever Viruses >
Hepatitis >	Herpesviruses >	HIV, AIDS >
Human Metapneumovirus (HMPV)	Human Papillomavirus (HPV)	Influenza >
Measles	mPox, Monkeypox >	Nipah Virus, Hendra Virus
Orf, Ecthyma contagiosum	Rubellavirus, Polyomavirus >	Paramyxovirus
Pathogens > Viral Infections > Hepatitis X		
< Hepatitis A	B19 Virus	Progressive multifocal leukoencephalopathy, JC virus
Hepatitis B >	Respiratory Syncytial Virus	Rhinovirus
Hepatitis C >	(Severe Fever) Thrombocytopenia Syndrome	Smallpox
Hepatitis D (Delta) Virus		
Hepatitis E Virus		
Hepatitis Prevention >		

APRIL 2024

Syndromes主題內容呈現說明

ContactSupportStoreteso chen

熱病

SANFORD GUIDE

Search

SyndromesPathogensAnti-infectivesPreventionTables & Tools

Hepatitis E Virus

by Michael Saag, M.D. - Last updated Apr 14, 2023 09:27 pm

Hepatitis E Virus, HEV

病原體名稱
更新日期

內容大綱

Clinical Setting

- Hepatitis E virus (HEV) is a major cause of enterically transmitted non-A, non-B viral hepatitis.
- Small spherical, non-enveloped, single stranded RNA virus
- Transmitted by exposure to fecally-contaminated water; typically in developing countries. Sporadic cases seen in developed countries; swine are thought to be reservoirs.
- Suspect in returning travelers or in visitors from endemic areas
- Person-to-person infection rarely occurs
- Seroprevalence in the US ~ 6% ([PloS One, 2022](#))
- Incubation period ~40 days post-exposure
- Usually acute hepatitis; chronic infection typically does not occur in Genotype 1, 2, or 4 HEV infection, but sporadic cases of chronic HEV infection is seen among immunocompromised Genotype 3 infected transplant patients in the developed world. The chronic HEV infection may lead to cirrhosis
- Acute infection in pregnant women can lead to fulminant hepatitis and death (similar to Hepatitis A)

Diagnosis

- Antibody tests. Anti-HEV IgM and IgG antibody tests. IgM declines rapidly during early convalescence; IgG persists and provides some immunity.
- At present, no commercial tests by US FDA. If needed can access antibody and PCR testing via research laboratories. To locate pertinent research labs, contact CDC at 1-800-CDC-INFO

Etiology

- Hepatitis E virus (Hepevirus genus; *Hepeviridae* species)

Treatment

- Supportive Care
- No antiviral therapy for acute infection
- Among Genotype 3, chronic infected immunocompromised patients:
 - Some success (up to 78% SVR) to low dose (600 mg/day) [Ribavirin](#) for 3 months ([N Engl J Med 2014; 370:1111-1120](#)).
 - Reduction in the level of immunosuppression is advised in those developing chronic HEV infection.

On This Page

Clinical Setting

Diagnosis

Etiology

Treatment

Comments

Anti-infectives主題內容呈現說明

[Syndromes](#) [Pathogens](#) [Anti-infectives](#) [Prevention](#) [Tables & Tools](#) [CGMH Linkou](#)



Amoxicillin

by Douglas Black, Pharm.D. last updated Jul 8, 2025

Tradename: Amoxil, Polymox, Moxatag

藥物名稱
更新時間及商品名

內容大綱

Drug Shortages

Prep	Started At	Notes
All oral formulations	2022-10-18	

Usage and Dosing

- Amoxicillin is [Ampicillin](#) with an added hydroxyl (-OH) group. The -OH group dramatically increases oral absorption with an associated reduction in dosing frequency (3x daily for amoxicillin vs. 4x daily for ampicillin).
- The extended-release ([ER](#)) formulation allows for once-daily dosing for GABS tonsillitis and/or pharyngitis in adults and pediatric patients ≥12 years of age. Do not crush or chew tablet.
- Amoxicillin [IV](#) preparation is available in the UK and Europe (but not in the US). Amoxicillin [IV](#) is rapidly converted to ampicillin.
- Higher dose recommended for otitis media and community-acquired pneumonia in children.

Adult Dose

Usual dose	500-1000 mg po q8h, OR 875 mg po q12h
Extended release (ER) dose (for GABS pharyngitis, tonsillitis)	775 mg (one tablet) po q24h x10 days

Pediatric Dose

On This Page

- [Drug Shortages](#)
- [Usage and Dosing](#)
- [Adult Dose](#)
- [Pediatric Dose](#)
- [Renal Adjustment](#)
- [Hepatic Adjustment](#)
- [Adverse Effects](#)
- [Pregnancy Risk](#)
- [Antimicrobial Spectrum](#)
- [Preferred ++ \(5 \)](#)
- [Alternative + \(15 \)](#)
- [Pharmacology](#)
- [Enzyme- Transporter-mediated Interactions](#)
- [Major Drug Interactions](#)

Prevention主題內容呈現說明

Syndromes Pathogens Anti-infectives Prevention Tables & Tools



Endocarditis Prevention, Dental Procedures

by Helen Boucher, M.D. - Last updated Nov 04, 2023 01:05 pm

Endocarditis Prevention, Dental Procedures, Endocarditis Prophylaxis

預防主題名稱

更新時間

內容大綱

Clinical Setting

- Predisposing cardiac conditions and/or type of dental procedure guide prophylaxis recommendation.
- Antibiotic prophylaxis is recommended for patients with the following predisposing cardiac conditions:
 - Prosthetic cardiac valve or prosthetic material used for cardiac valve repair.
 - Previous infective endocarditis (IE).
 - Congenital heart disease (CHD) (unrepaired cyanotic CHD, including palliative shunts and conduits; completely repaired congenital heart defect with prosthetic material or device within the first 6 months after the procedure; repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device).
 - Cardiac transplantation recipients who develop cardiac valvulopathy.
- Prophylaxis is recommended for the following dental procedures:
 - Any manipulation of gingival tissue, dental periapical regions, or perforation of the oral mucosa.
- Prophylaxis is NOT RECOMMENDED for the following:
 - Cardiac conditions other than those listed above (e.g., mitral valve prolapse, gastrointestinal or genitourinary procedure).
 - Anesthetic injections (unless through infected area), dental x-rays, shedding of primary teeth, adjustment of orthodontic appliances or placement of orthodontic brackets or removable appliances, bleeding from trauma to the lips or oral mucosa.

On This Page

[Clinical Setting](#)
[Etiologies](#)
[Primary Regimens](#)
[Alternative Regimens](#)
[Comments](#)

Etiologies

- Oral streptococci

Tables & Tools主題內容說明

Syndromes

Pathogens

Anti-infectives

Prevention

Tables & Tools

藥物使用及劑量工具

計算機工具

活性圖譜

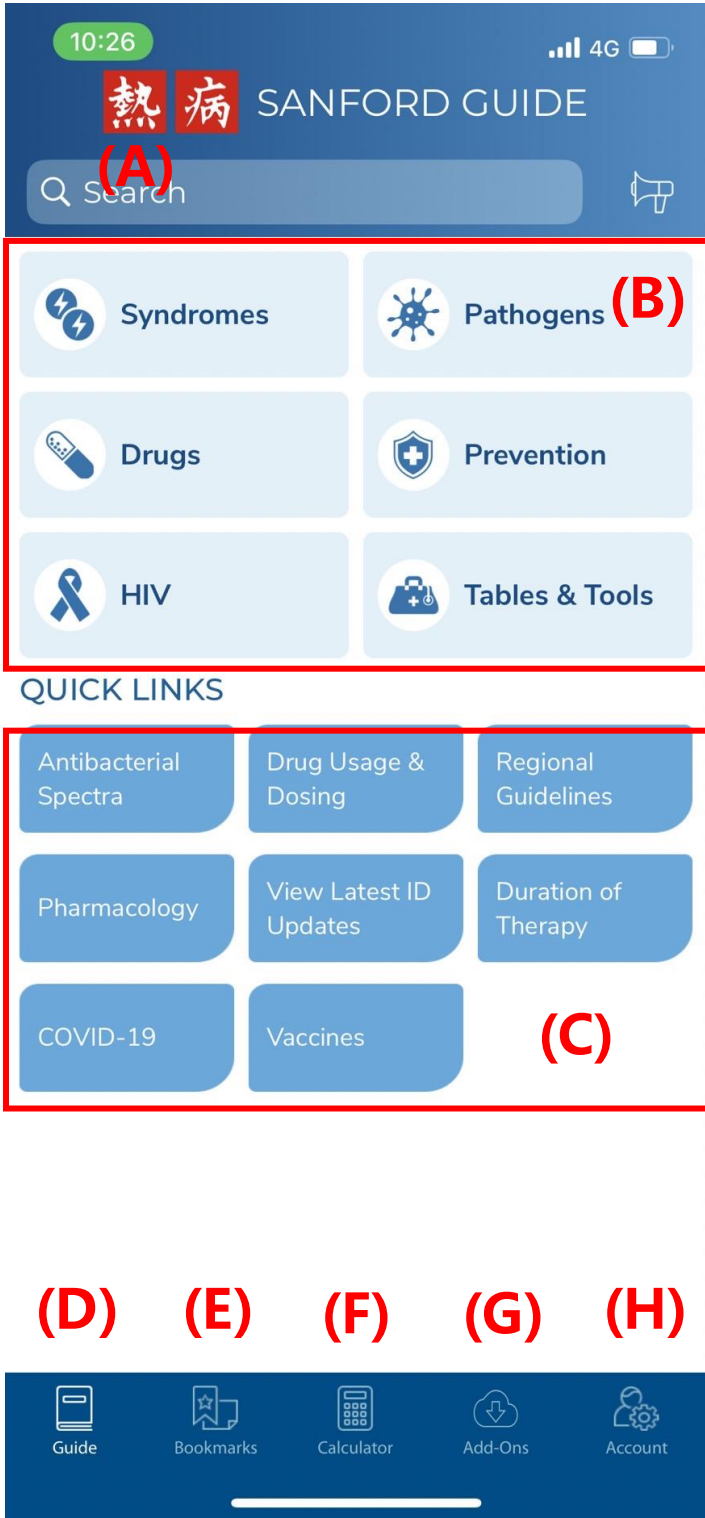
Tables & Tools > Drug Usage & Dosing			×
<	Antiparasitic Drugs, Sources	Vancomycin AUC Dosing Fundamentals and Calculations	
	Continuous, Prolonged Infusion Dosing	Dosing Abbreviations	
	ECMO Drug Dosing Adjustment	Hepatic Impairment, Dosing Adjustment	
	Inhalation Dosing & Therapy	Intra-peritoneal Dosing	
	Obesity Dosing Adjustments	Outpatient Parenteral Antimicrobial Therapy (OPAT)	
	Pediatric Dosing	Renal Impairment Dosing	
	Renal Impairment, No Dosing Adjustment	Sodium Content: Injectable Antimicrobials	

Tables & Tools > Calculators			×
<	BMI, BSA, IBW, LBW Calculator	Child-Pugh Calculator	
	Child-Turcotte-Pugh Score: Formulas	Colistin Dosing Calculator	
	Creatinine Clearance Calculator	CURB 65 Calculator	
	GFR (Adult) Calculator	GFR (Pediatric) Calculator	
	MELD Score Calculator	PSI Calculator	
	Renal Impairment Dosing, Calculations Overview	SOFA Calculator	
	Unit Conversions Calculator	Vancomycin AUC Calculator	
	Vancomycin AUC Dosing: Fundamentals & Calculations		

Tables & Tools > Activity Spectra			×
<	Antibacterial Agents: Spectra of Activity		
	Antibacterial Drug Resistance Genotypes		
	Antibacterial Spectra Legend		
	Antifungal Agents: Spectra of Activity		
	Antiviral Agents: Spectra of Activity		

Part 03

上手使用:App版
START TO USE



Sanford Guide Antimicrobial Therapy App 使用介面

(A)檢索功能區

(B)六大主題瀏覽區

(C)快速連結區(常用功能)

(D)首頁瀏覽

(E)個人化書籤

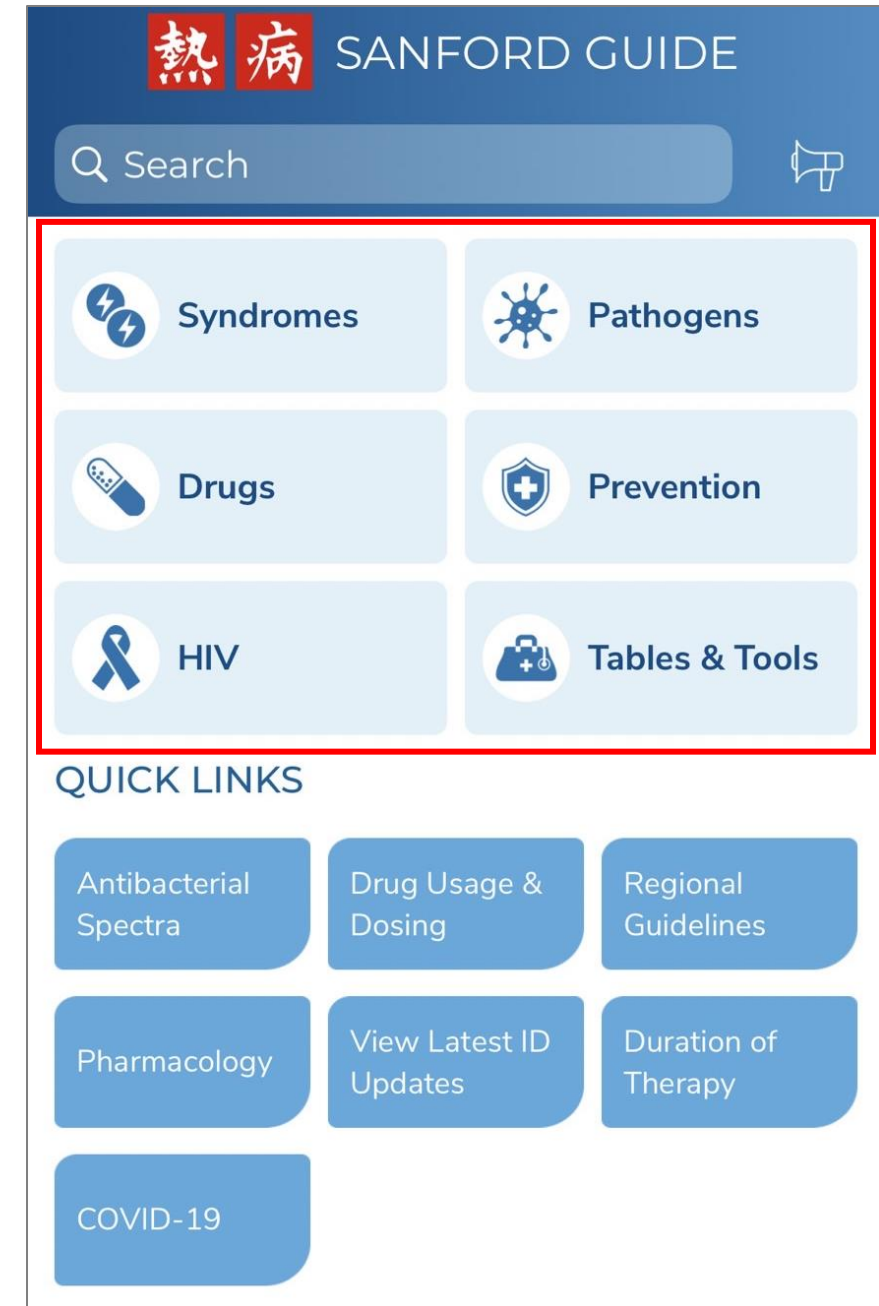
(F)計算機工具

(G)擴增其他資源

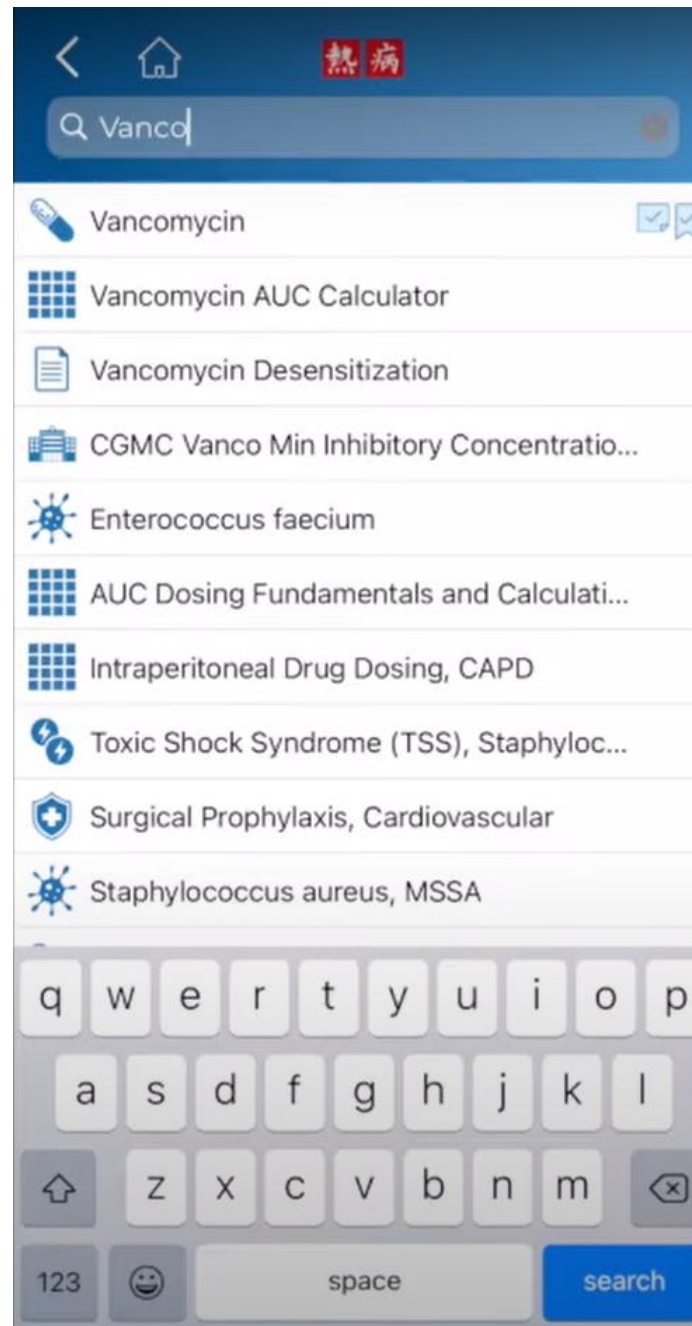
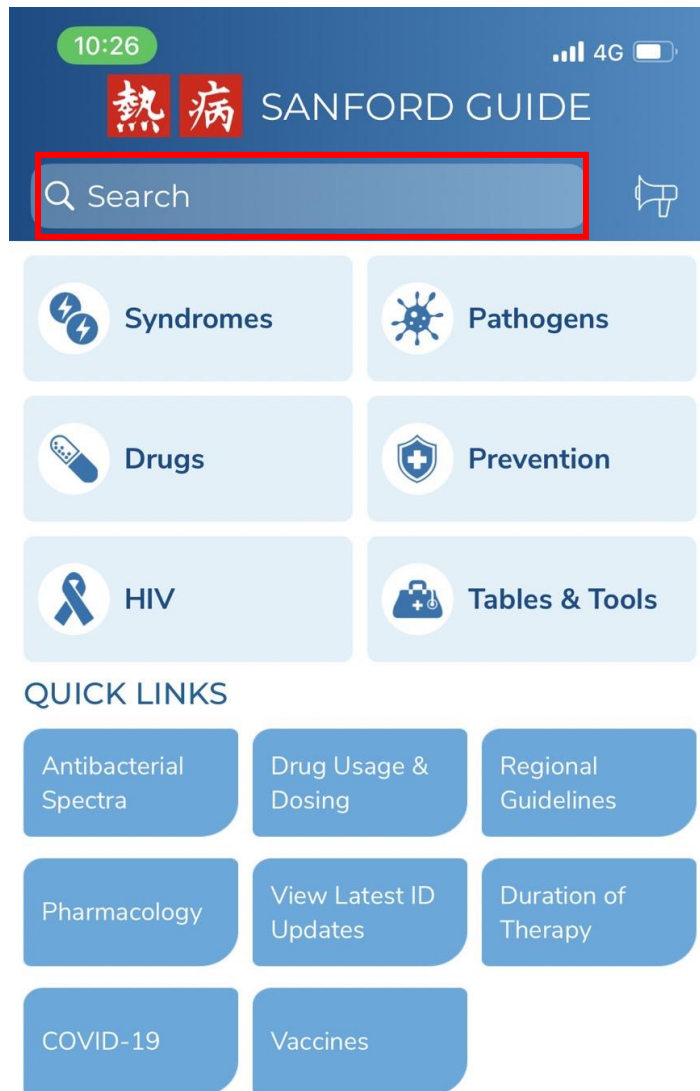
(H)個人帳戶設定

可依主題瀏覽

- Syndromes / Diseases
 - Organized by site of infection
- Pathogens
 - Bacterial
 - Fungal
 - Mycobacterial
 - Parasitic
 - Viral
- Drugs
 - Antibacterial
 - Antifungal
 - Antimycobacterial
 - Antiparasitic
 - Antiviral
 - Antiretroviral
- HIV
 - Patient Evaluation
 - Diagnosis
 - Resistance and Mutations
 - Antiretroviral Therapy
 - Antiretroviral Drug Information
 - Opportunistic Infections
- Prevention
 - Immunization
 - Surgical procedures
 - Dental procedures
 - Post-exposure prophylaxis
 - Transplants
 - Many more...
- 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...



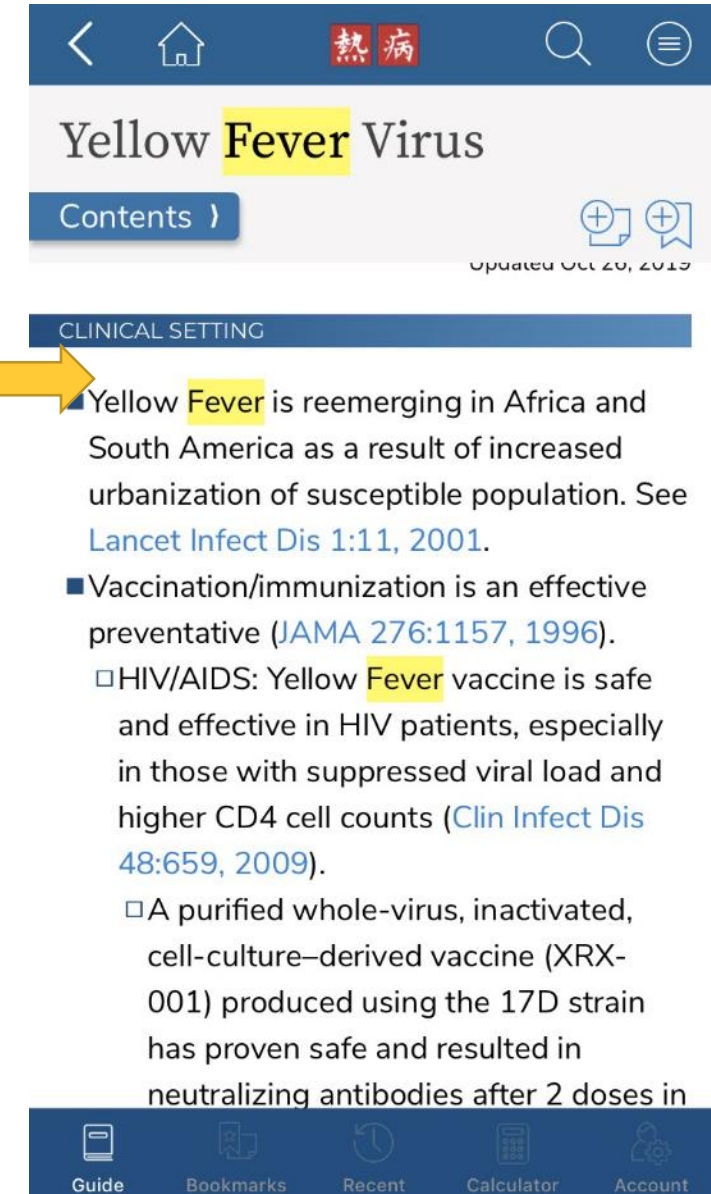
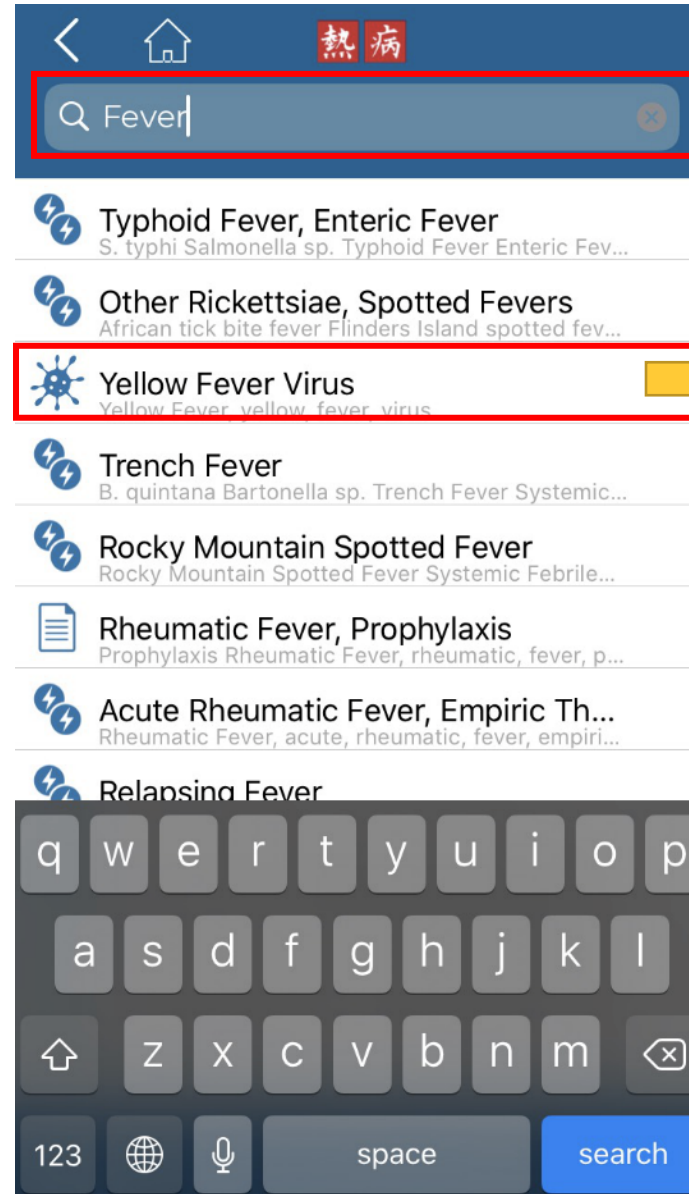
亦可輸入關鍵字查詢(查詢標題與內文全文)



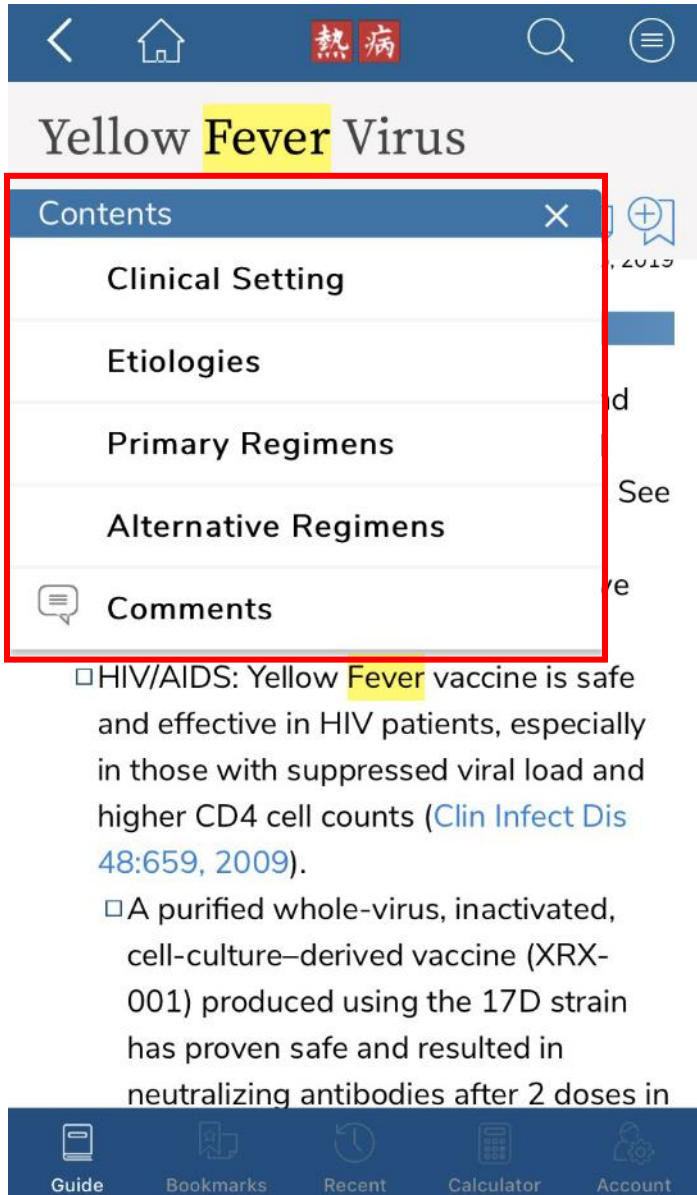
檢索圖示說明:



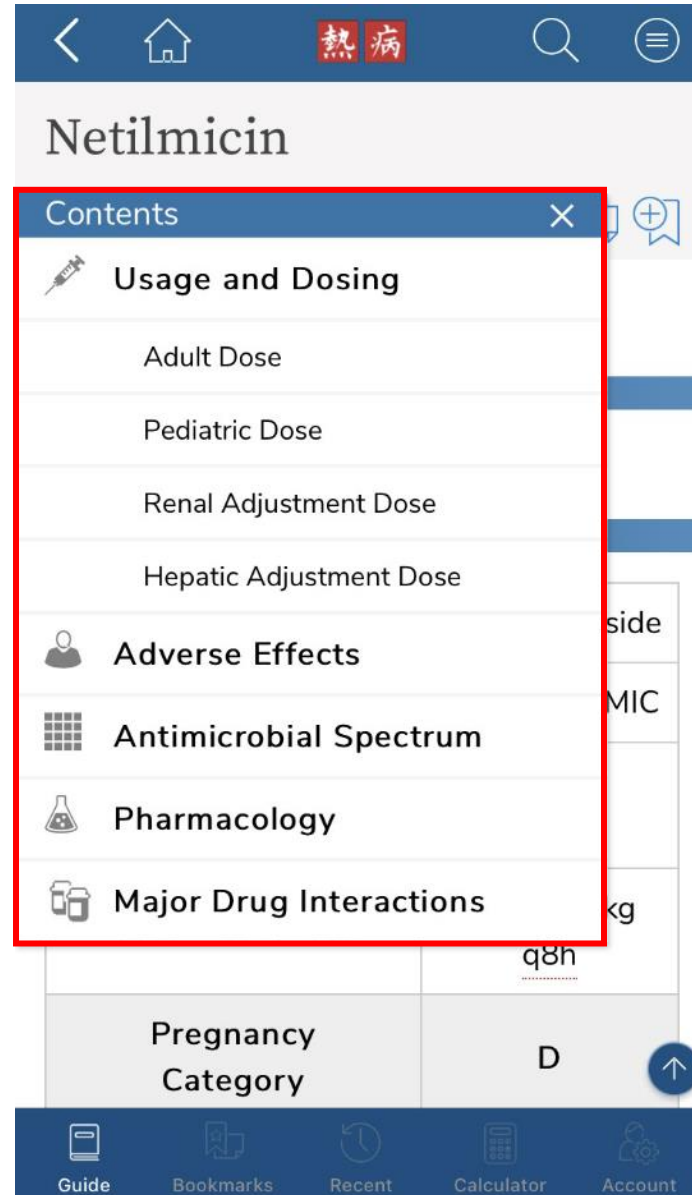
檢索功能：輸入關鍵字查詢(查詢標題與內文全文)



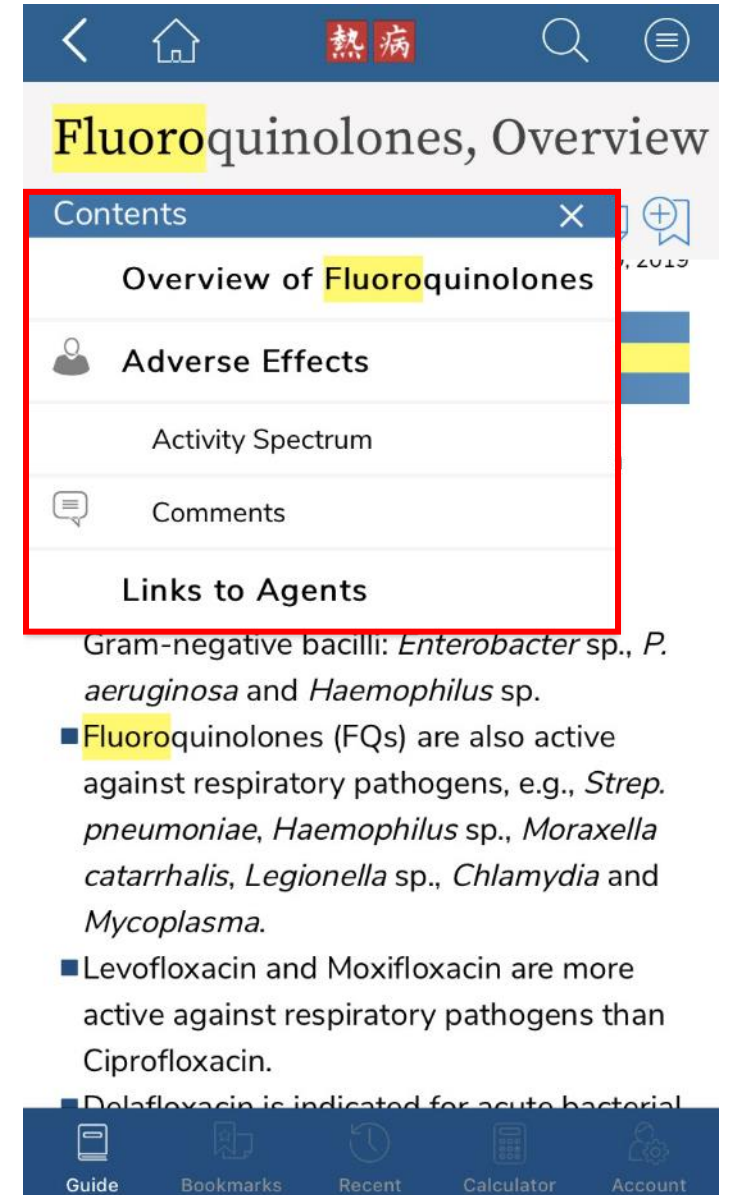
使用大綱方式瀏覽內容 (依特性不同提供不同的大綱)



The screenshot shows the 'Yellow Fever Virus' page. The 'Contents' menu is open, displaying a list of sections: Clinical Setting, Etiologies, Primary Regimens, Alternative Regimens, and Comments. The 'Comments' section is highlighted with a red box. Below the menu, the text reads: 'HIV/AIDS: Yellow Fever vaccine is safe and effective in HIV patients, especially in those with suppressed viral load and higher CD4 cell counts (Clin Infect Dis 48:659, 2009). A purified whole-virus, inactivated, cell-culture-derived vaccine (XRX-001) produced using the 17D strain has proven safe and resulted in neutralizing antibodies after 2 doses in'.

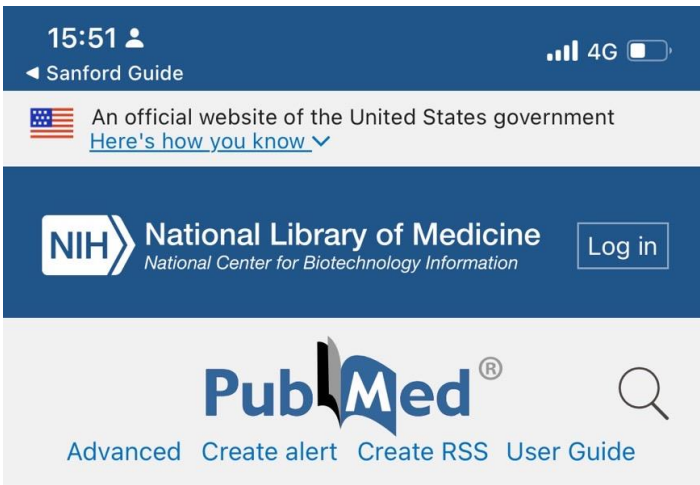


The screenshot shows the 'Netilmicin' page. The 'Contents' menu is open, displaying a list of sections: Usage and Dosing, Adverse Effects, Antimicrobial Spectrum, Pharmacology, and Major Drug Interactions. The 'Usage and Dosing' section is highlighted with a red box. Below the menu, the text reads: 'Pregnancy Category D'.



The screenshot shows the 'Fluoroquinolones, Overview' page. The 'Contents' menu is open, displaying a list of sections: Overview of Fluoroquinolones, Adverse Effects, Activity Spectrum, Comments, and Links to Agents. The 'Overview of Fluoroquinolones' section is highlighted with a red box. Below the menu, the text reads: 'Gram-negative bacilli: Enterobacter sp., P. aeruginosa and Haemophilus sp. Fluoroquinolones (FQs) are also active against respiratory pathogens, e.g., Strep. pneumoniae, Haemophilus sp., Moraxella catarrhalis, Legionella sp., Chlamydia and Mycoplasma. Levofloxacin and Moxifloxacin are more active against respiratory pathogens than Ciprofloxacin. Delafloxacin is indicated for acute bacterial'.

整合內部內容串接，亦可串接外部內容



Review

Salmonella Infections in Childhood

Fernando J Bula-Rudas et al. Adv Pediatr. 2015 Aug.

Show details



Full text links



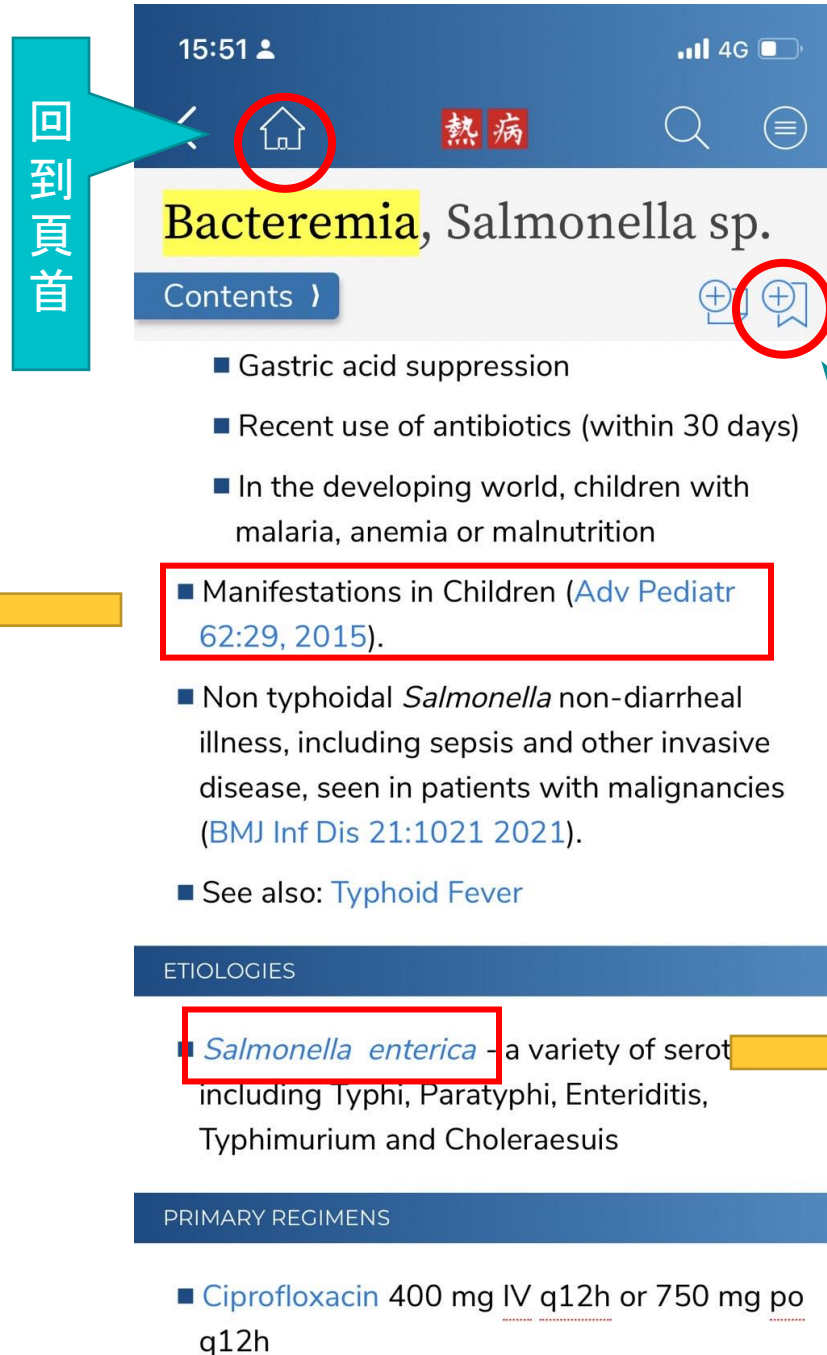
Cite



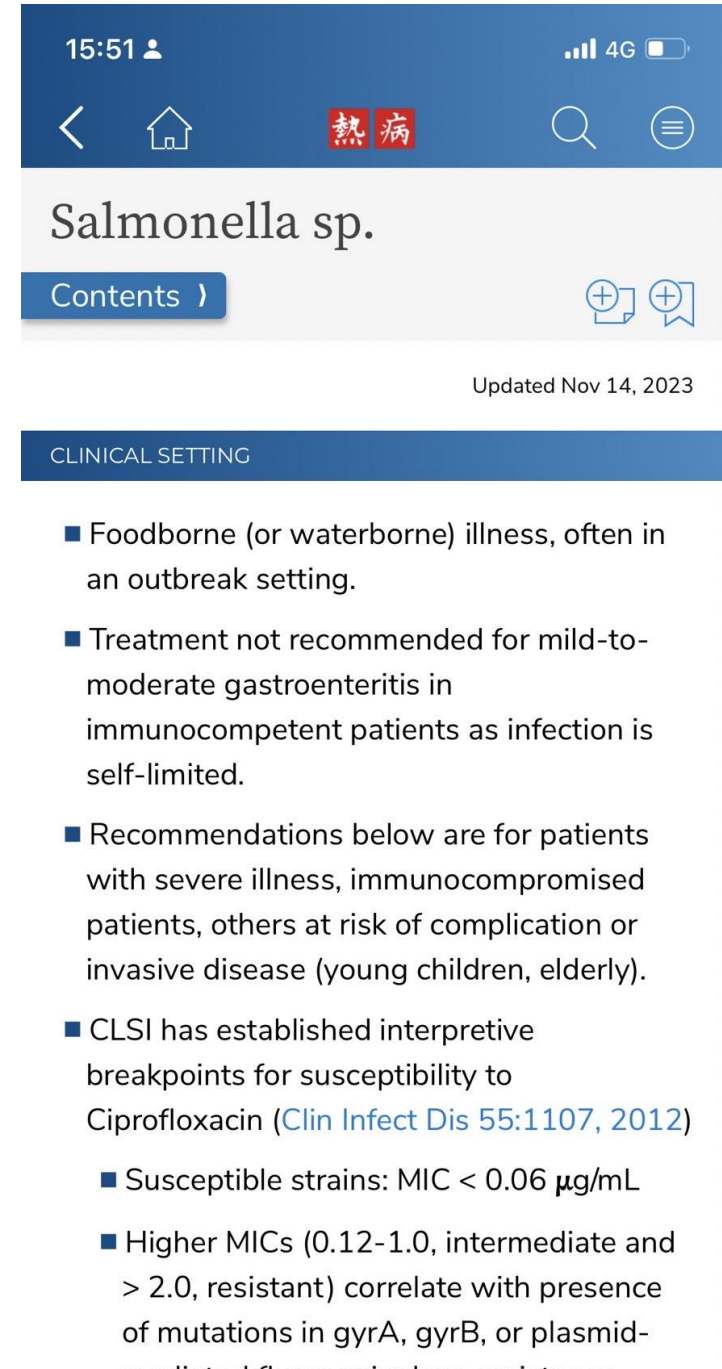
Abstract

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

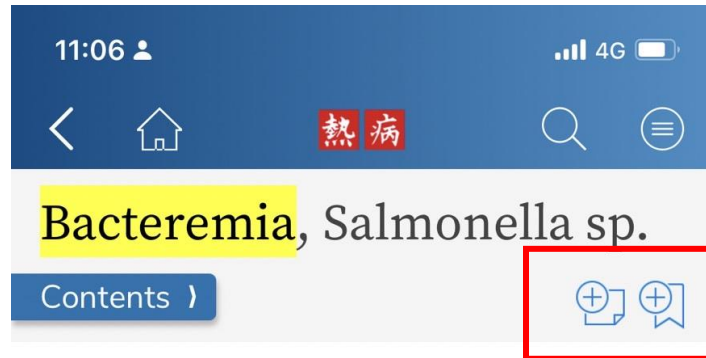
回到頁首



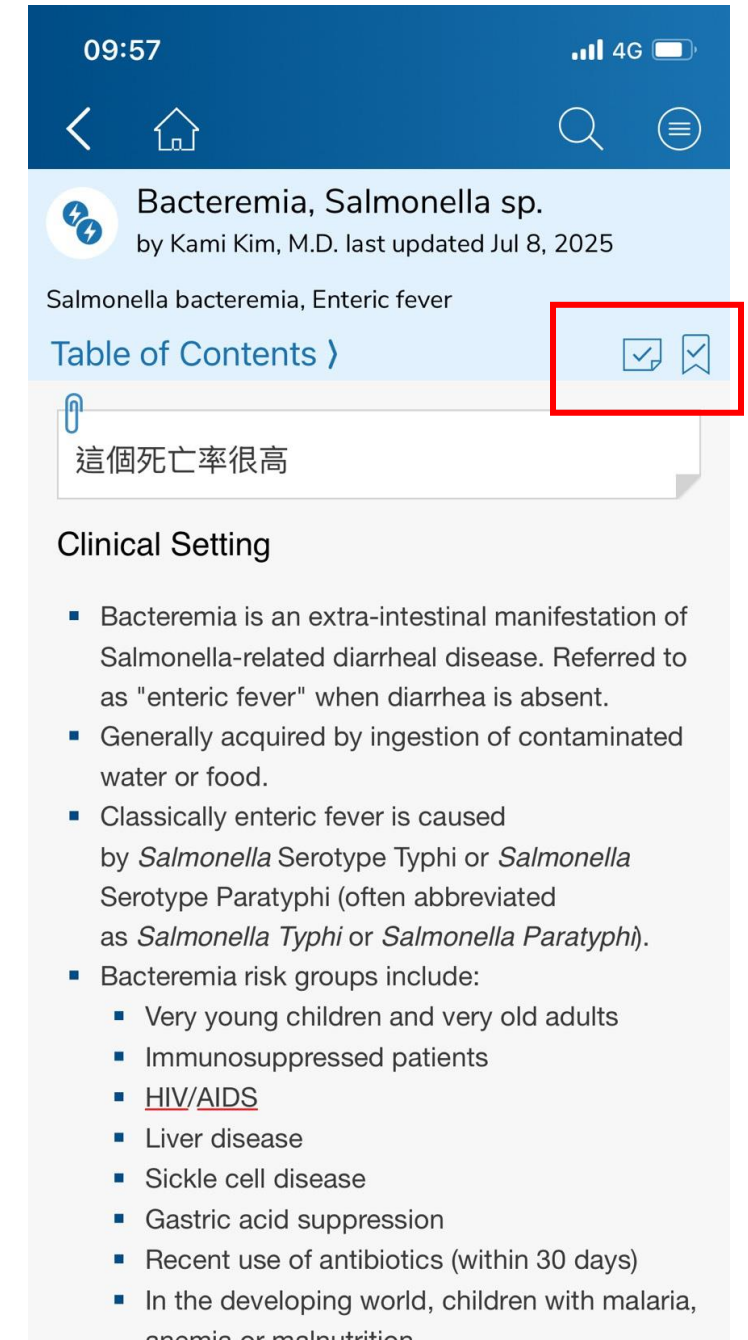
加入書籤及個人註記



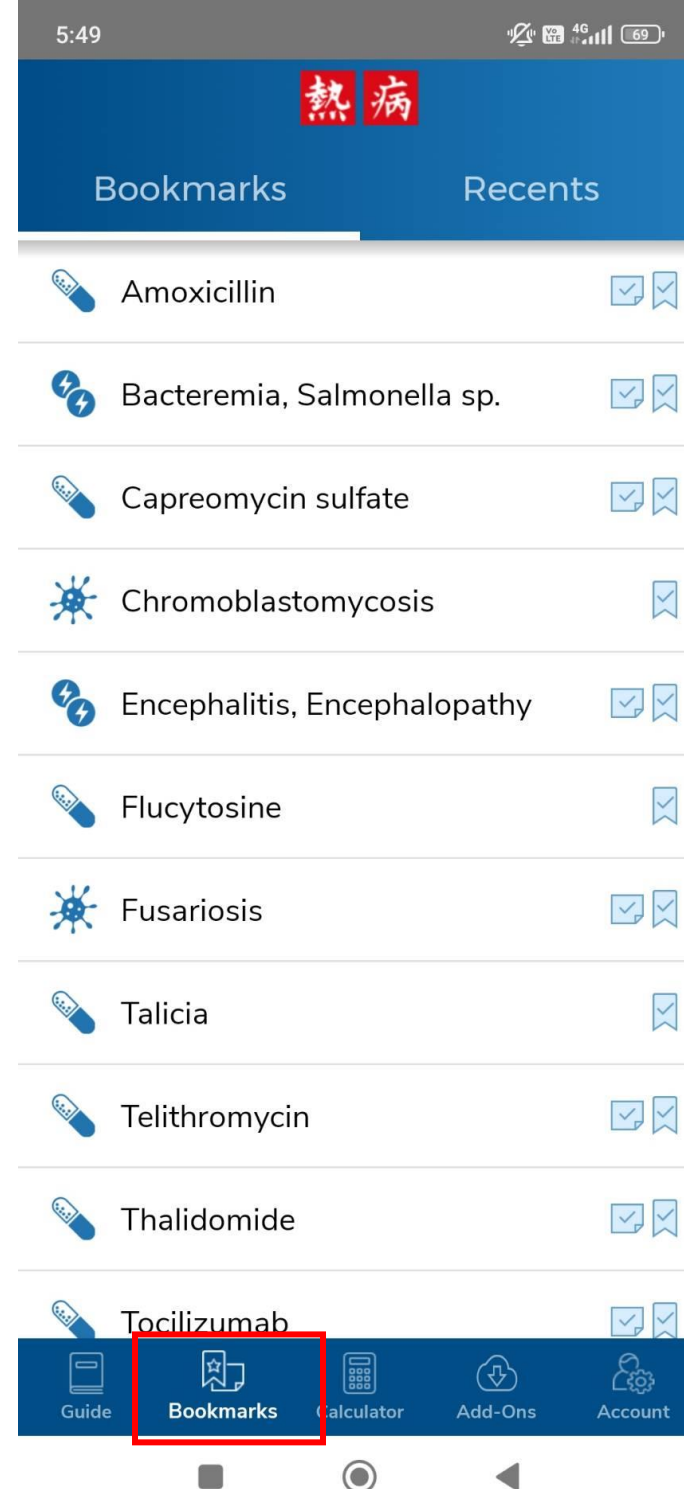
Bookmarks & Note



- CLINICAL SETTING
- **Bacteremia** is an extra-intestinal manifestation of Salmonella-related diarrheal disease. Referred to as "enteric fever" when diarrhea is absent.
 - Generally acquired by ingestion of contaminated water or food.
 - Classically enteric fever is caused by *Salmonella* Serotype Typhi or *Salmonella* Serotype Paratyphi (often abbreviated as *Salmonella Typhi* or *Salmonella Paratyphi*).
 - **Bacteremia** risk groups include:
 - Very young children and very old adults
 - Immunosuppressed patients
 - HIV/AIDS
 - Liver disease



Bookmarks & Note



連結相關計算器

14:47

4G

<

🏠

熱病

🔍

☰

Cefotetan

Contents)

PEDIATRIC DOSE

Dose (Age >28 Days)	60-100 mg/kg/day (divided q12h)
Max/Day	6 gm

RENAL ADJUSTMENT

■ Body weight and Creatinine Clearance calculations

■ CrCl = Creatinine clearance level (mL/min)
CAPD = Continuous Ambulatory Peritoneal
Dialysis CRRT = Continuous Renal
Replacement Therapy AD = after
hemodialysis SLED = sustained low
efficiency dialysis

Half-life, hrs(renal function normal)	3-4.6
Half-life, hrs(ESRD)	12-30

14:48

4G

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熱病

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Creatinine Clearance

Creatinine Clearance

Sex: Male Female

Age: Age in Years years

Height: Norm: 60-84 or 5'0"-7' ft/in

Weight: Weight lbs

Serum Creatinine: Norm: 0.7-1.3 mg/dL

14:47

4G

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熱病

🔍

☰

Creatinine Clearance

BMI, BSA, IBW, and LBW

Child-Pugh Score

Colistin Dosing

✓ Creatinine Clearance

CURB-65

GFR (Adult)

GFR (Pediatric)

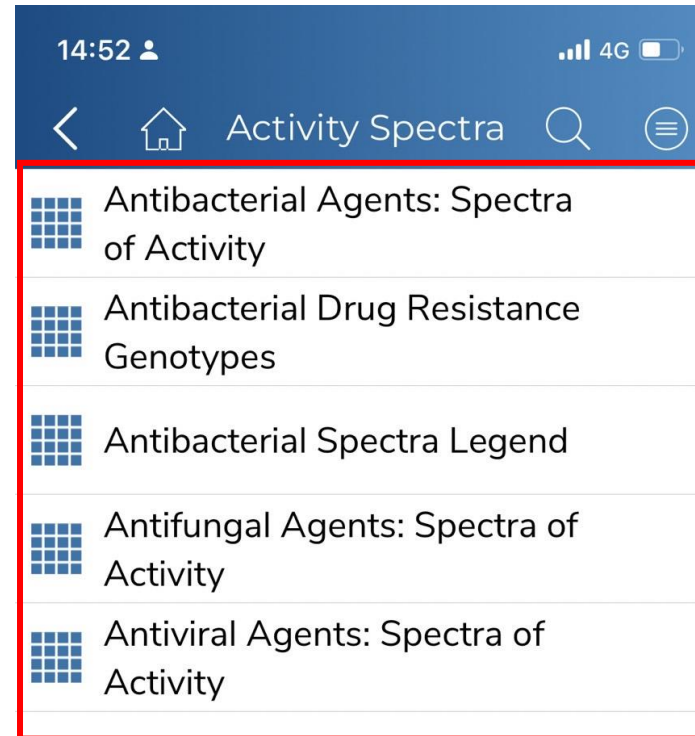
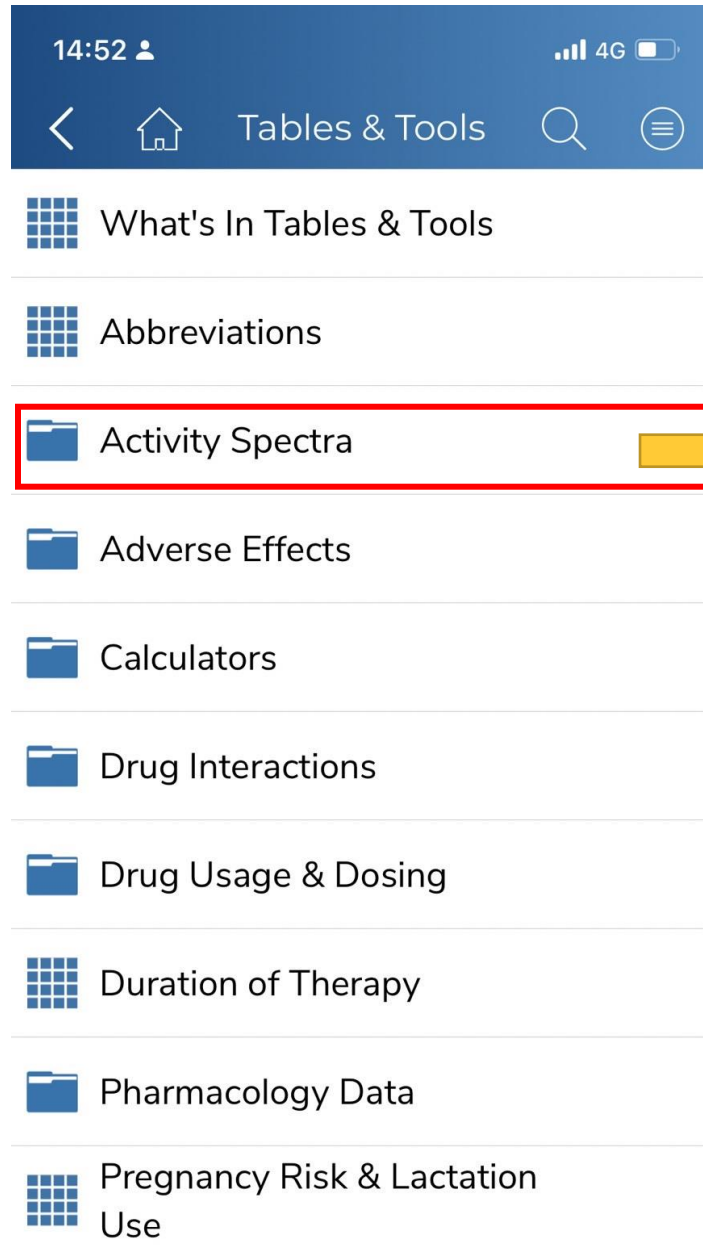
MELD Score

Pneumonia Severity Index (PSI)

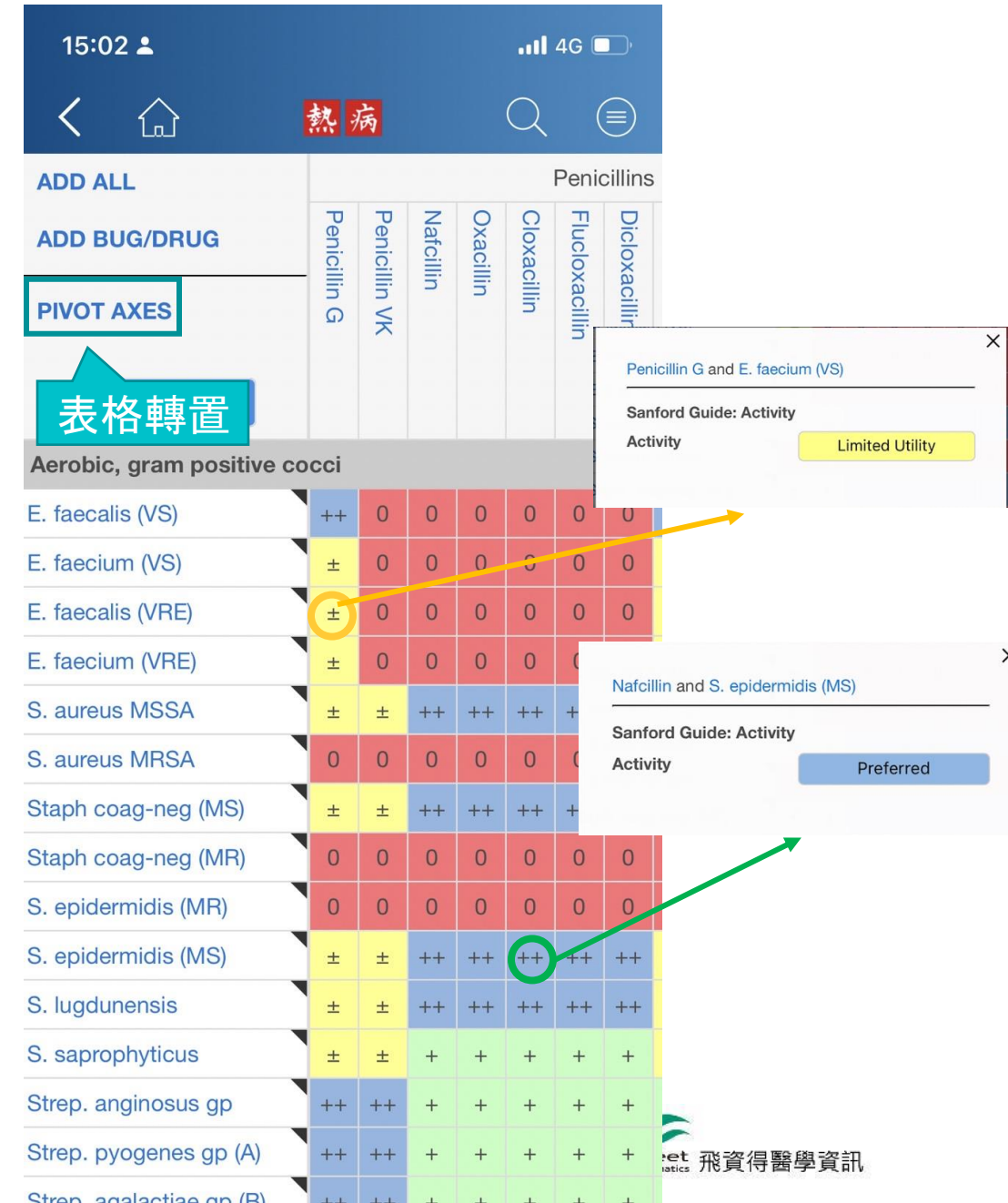
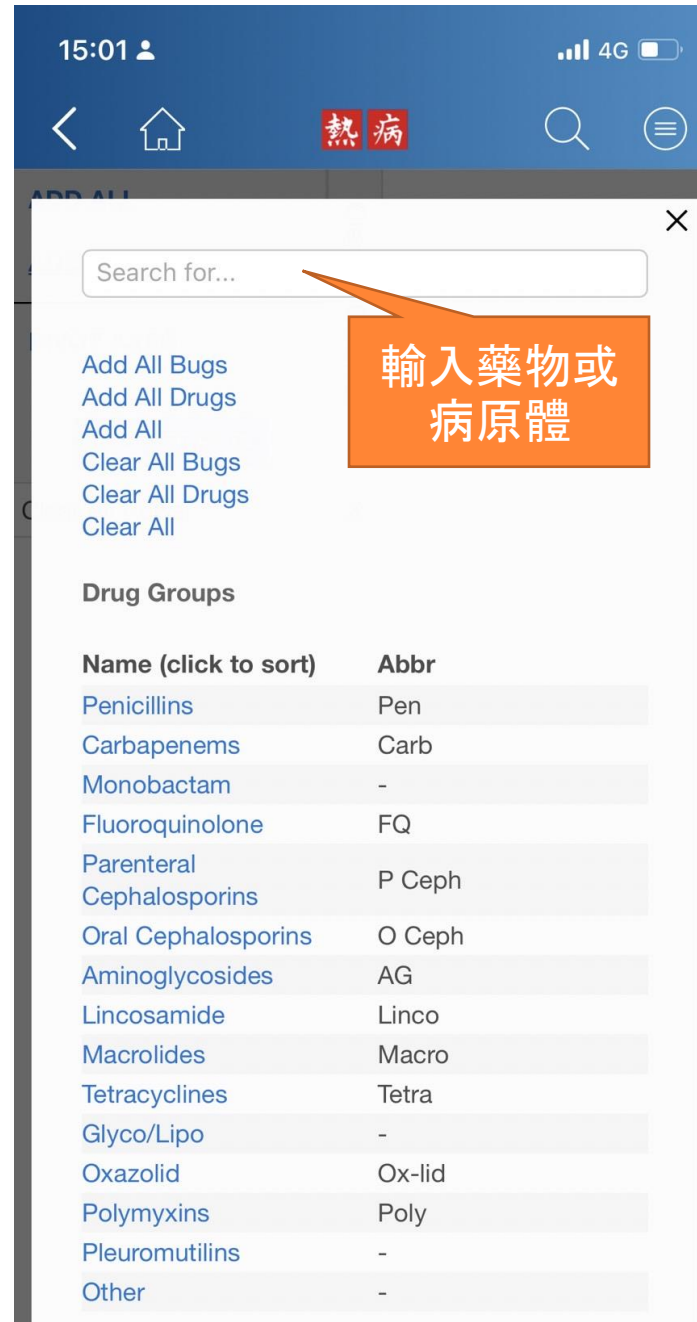
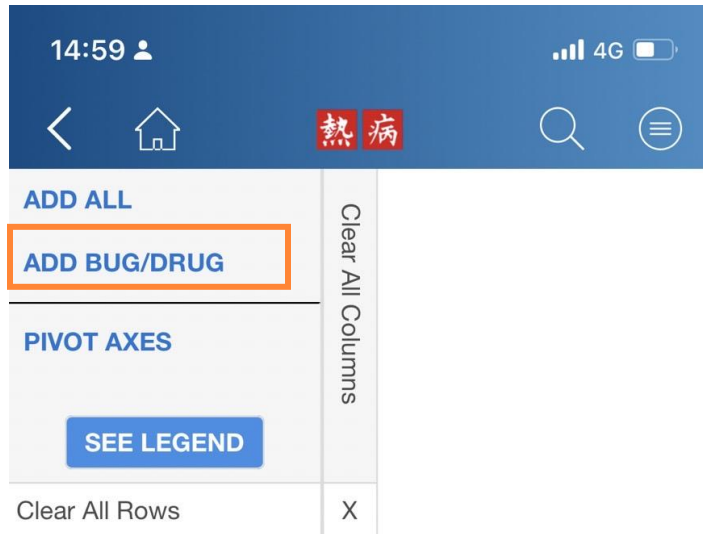
SOFA Score

Vancomycin

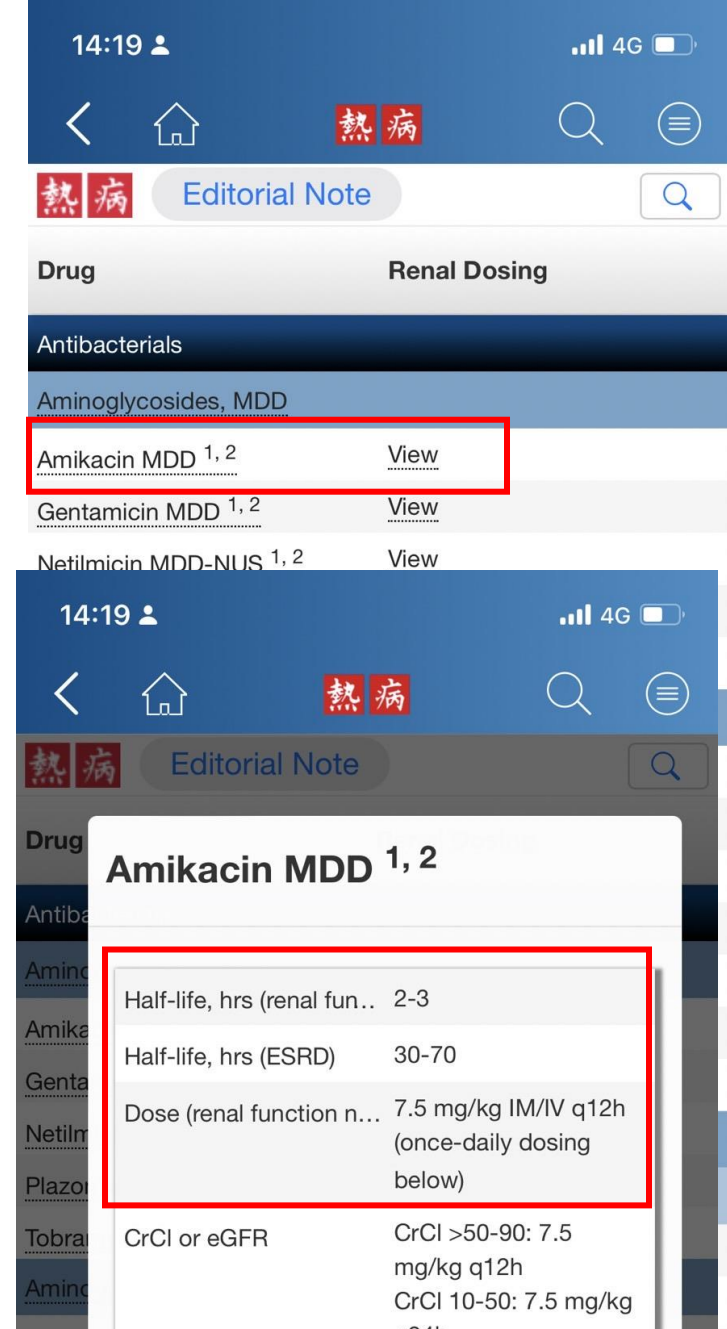
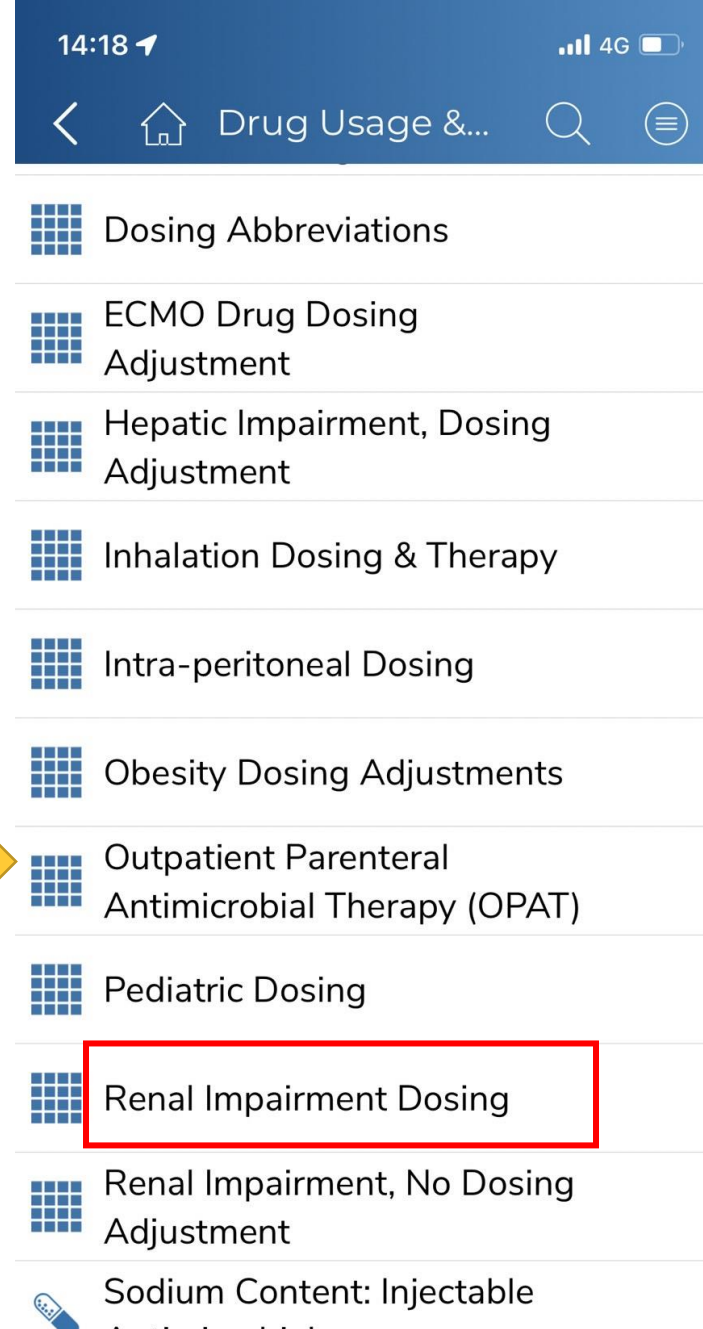
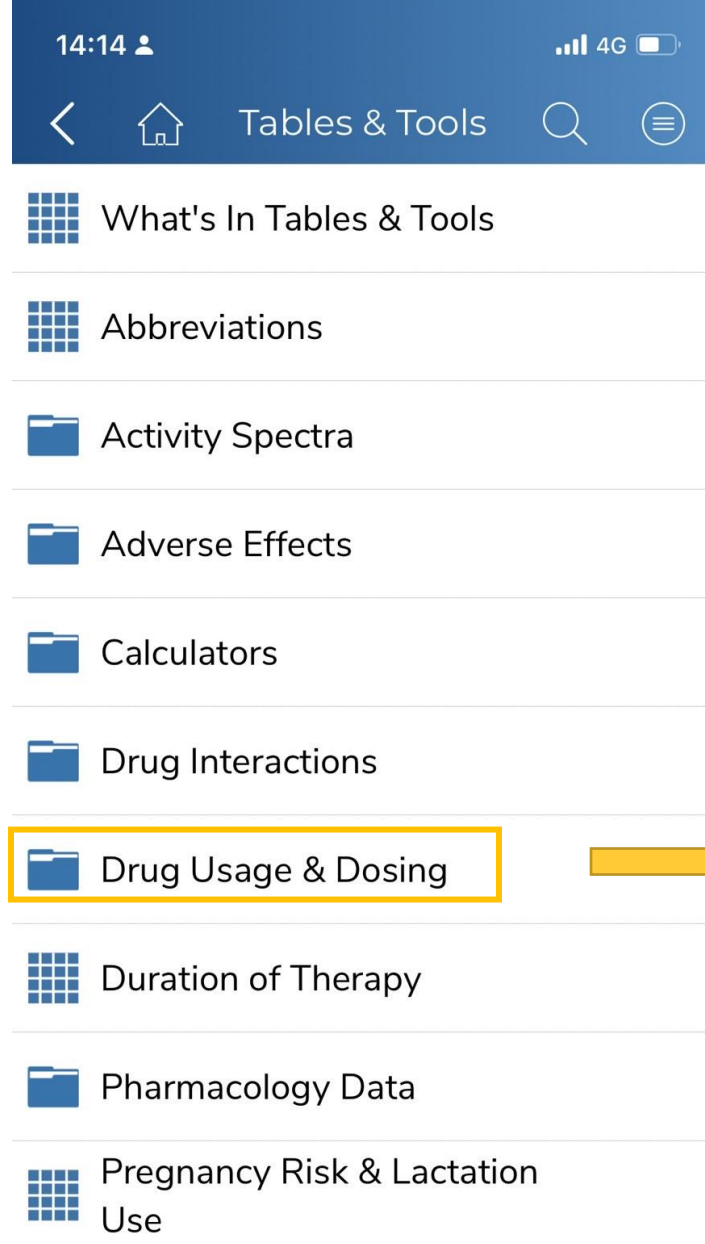
相關的表格與工具



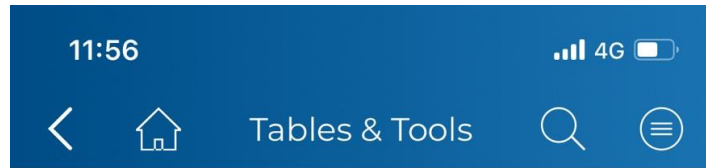
Activity Spectra 中的Antibacterial Spectra(在Tables & Tools)中



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



相關縮寫



What's In Tables & Tools

About Sanford Guide

Abbreviations

Activity Spectra

Adverse Effects

Calculators

Drug Desensitization, Overview

Drug Interactions

Drug Usage & Dosing

Duration of Therapy

Pharmacology Data



Abbreviations
by Editorial Board last updated Nov 1, 2023

3TC = lamivudine
AB, % = percent absorbed
ABC = abacavir
ABCD = amphotericin B colloidal dispersion
ABLC = ampho B lipid complex
ABSSSI = acute bacterial skin & skin structure infection
AD = after dialysis
ADF = adefovir
AG = aminoglycoside
AIDS = Acquired Immune Deficiency Syndrome
Amox-clav = amoxicillin-clavulanate
AM-CL-ER = amoxicillin-clavulanate extended release
AMK = amikacin
Amox = amoxicillin
AMP = ampicillin
Ampho B = amphotericin B
Amp-sulb = ampicillin-sulbactam
AP = atovaquone proguanil
APAG = antipseudomonal aminoglycoside
ARDS = acute respiratory distress syndrome
ARF = acute rheumatic fever
ASA = aspirin



Antiparasitic Drugs, Sources

Continuous, Extended Infusion Dosing

Dosing and Other Abbreviations

ECMO Drug Dosing Adjustment

Hepatic Impairment Dosing

Inhalation Dosing & Therapy

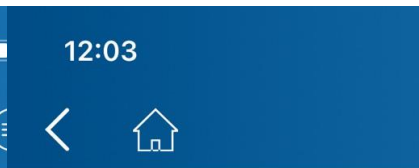
Intra-peritoneal Dosing

Obesity Dosing Adjustments

Outpatient Parenteral Antimicrobial Therapy (OPAT)

Pediatric Dosing

Renal Impairment Dosing



Dosing and Other Abbreviations
by Editorial Board last updated Nov 1, 2023

AD = after dialysis
bid = 2x per day
BSA = body surface area
BW = body weight
CAPD = continuous ambulatory
CDC = U.S. Centers for Disease Control and Prevention
CrCl = creatinine clearance
CrCl_{in} = CrCl normalized for BSA
CRRT = continuous renal replacement therapy
DHHS = U.S. Department of Health and Human Services
div = divided
DR = delayed release
DS = double strength
ECMO = extracorporeal membrane oxygenation

每月更新提示

10:26 4G

熱病 SANFORD GUIDE

Search

Syndromes Pathogens

Drugs Prevention

HIV Tables & Tools

QUICK LINKS

Antibacterial Spectra Drug Usage & Dosing Regional Guidelines

Pharmacology View Latest ID Updates Therapy

COVID-19 Vaccines

15:12 4G

熱病

ID Update

Contents

Updated Feb 14, 2024

ID Update™ is the Sanford Guide infectious diseases news page. Interested in receiving the **Sanford Guide ID Update** in your e-mail inbox, or in sharing it with a colleague? [Sign up here!](#) Interested in a Sanford Guide subscription? [Click here to learn about individual and hospital-wide licenses.](#)

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FEBRUARY 2024

SARS-COV-2 / COVID-19

- Sanford Guide [SARS-CoV-2 / COVID-19](#) main page.
- **COVID-19 vaccination in cancer patients:** recommendations from NCCN [here](#).

15:12 4G

熱病

ID Update

Contents

FEBRUARY 2024

SARS-CoV-2 / COVID-19

CDC Syphilis Testing Recommenda... inbox,

Drug Shortages (US)

JANUARY 2024

SARS-CoV-2 / COVID-19

Something New: Doxy-PEP

Drug Shortages (US)

DECEMBER 2023

SARS-CoV-2 / COVID-19

Expanded Clofazimine Access

15:13 4G

熱病

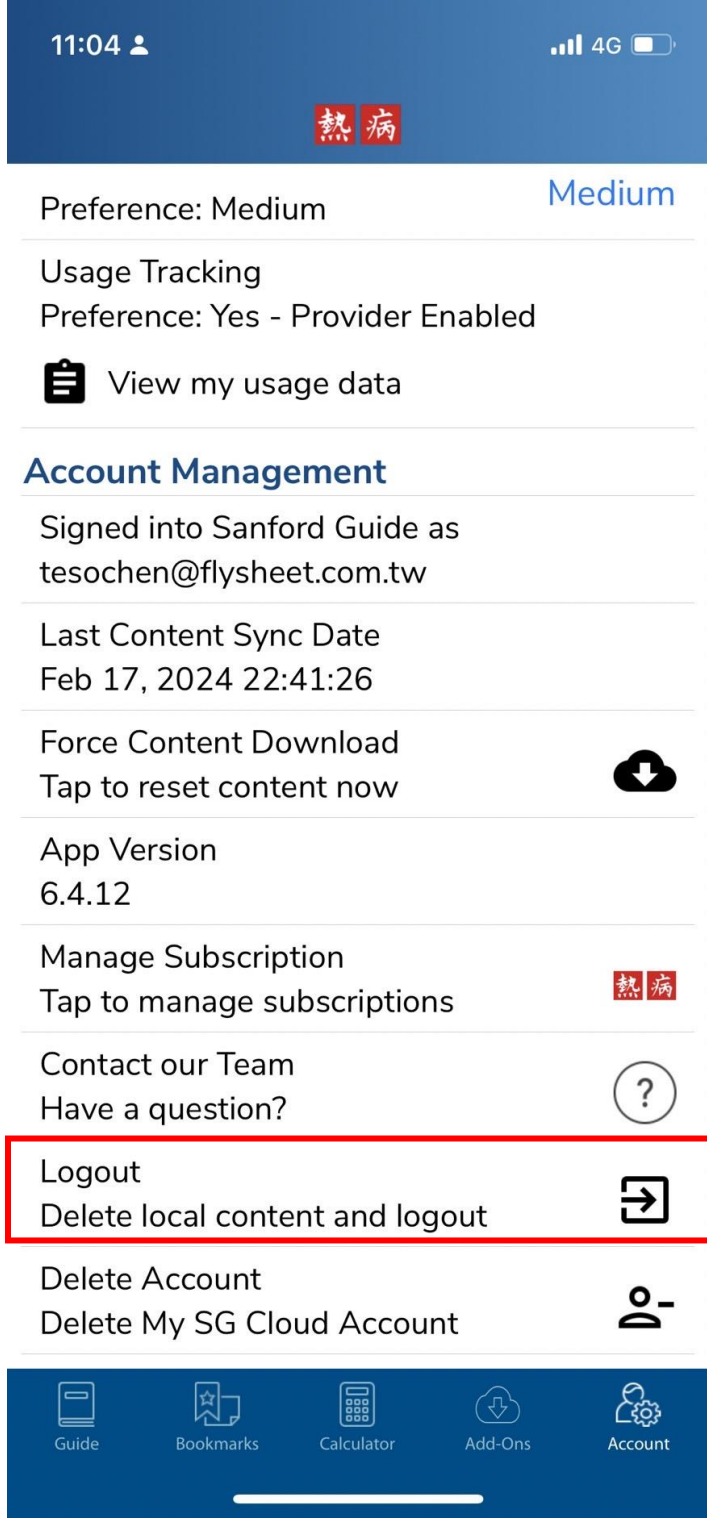
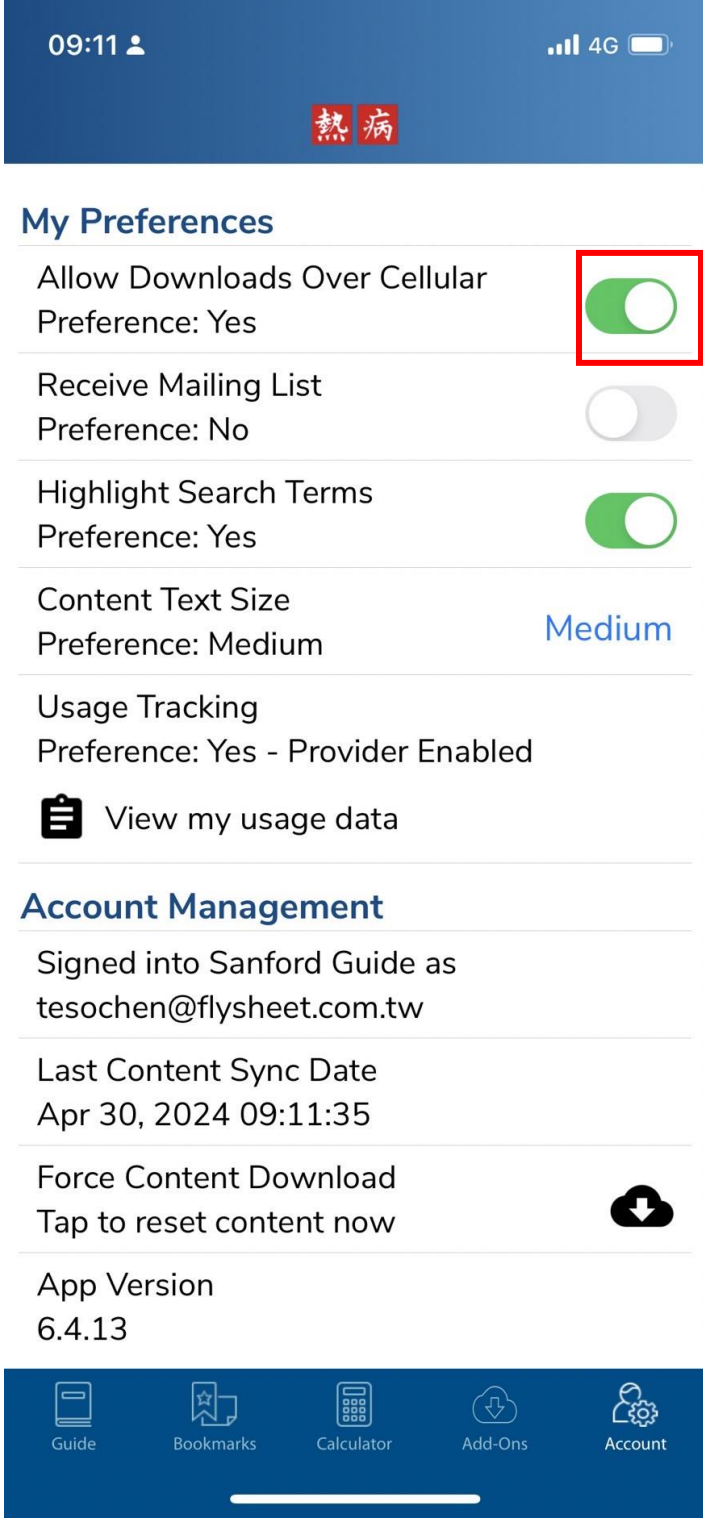
ID Update

Contents

SARS-COV-2 / COVID-19

- Sanford Guide [SARS-CoV-2 / COVID-19](#) main page.
- **COVID-19 vaccination in cancer patients:** recommendations from NCCN [here](#).
- **Currently authorized vaccines.** See [19 vaccines \(Age ≥12 yrs\)](#) and [COVID-19 vaccines \(Age <12 yrs\)](#) for use and dosing.
- **ESCMID COVID-19 living guideline** for treatment and clinical management ([Microbiol Infect 2022;28:222](#)). Available on [PMC](#).
- **Guidelines** on COVID-19 diagnosis, serology, treatment and management for infection prevention:
 - [IDSA](#) (last updated 6/26/23)
 - [NIH](#) (last updated 12/20/23)

手機版的重要提醒



換手機時，請務必登出

Part 04

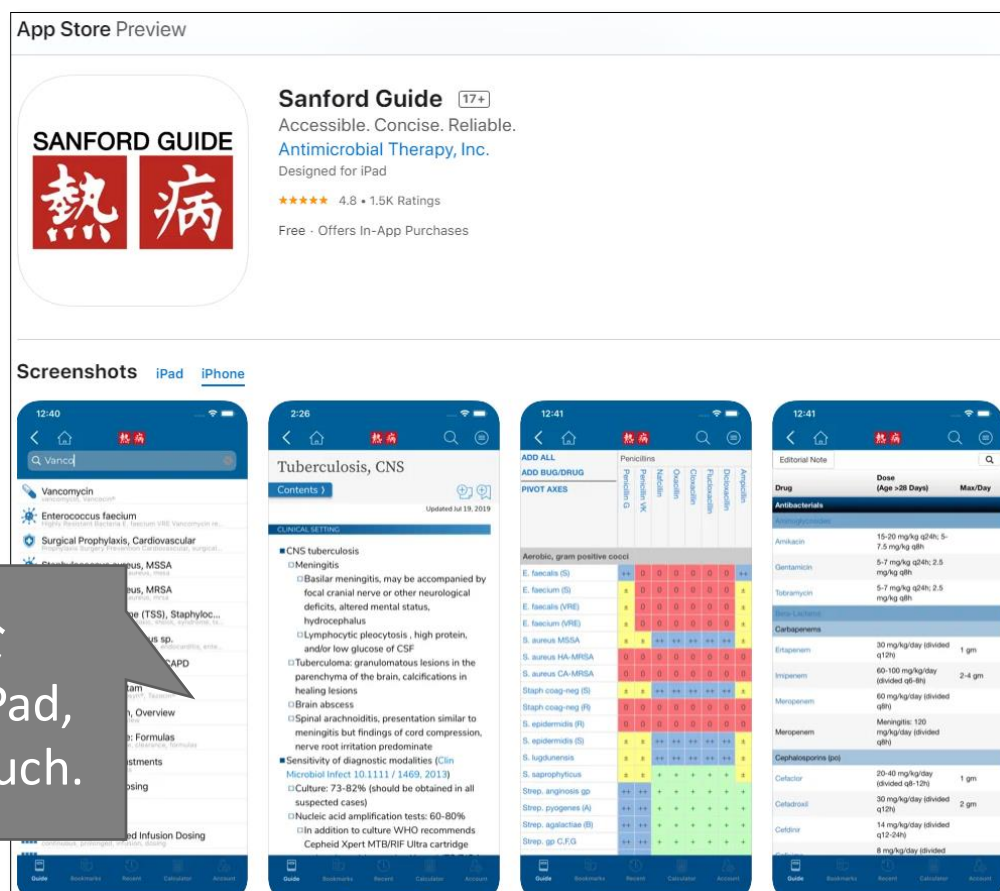
開始安裝
START TO INSTALL

Sanford Guide Collection



熱病App安裝指引

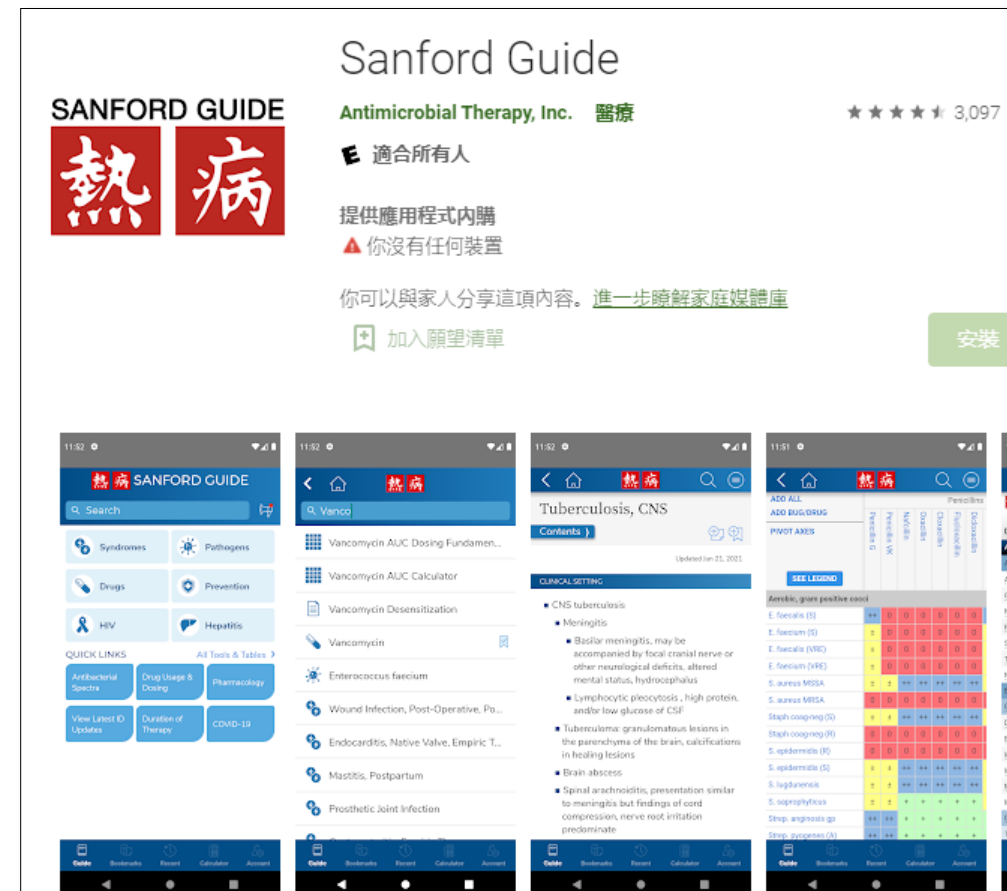
依行動裝置類型下載適合之APP



適用於
iPhone, iPad,
和 iPod touch.



iOS 11.0+



Android 7.0+

序號開通說明 Step 1：填入信箱及序號

序號開通網址：<https://redeem.sanfordguide.com/claim>

SANFORD GUIDE



Login

Claim Your License

Email Address

填入外部/內部信箱皆可

License Key

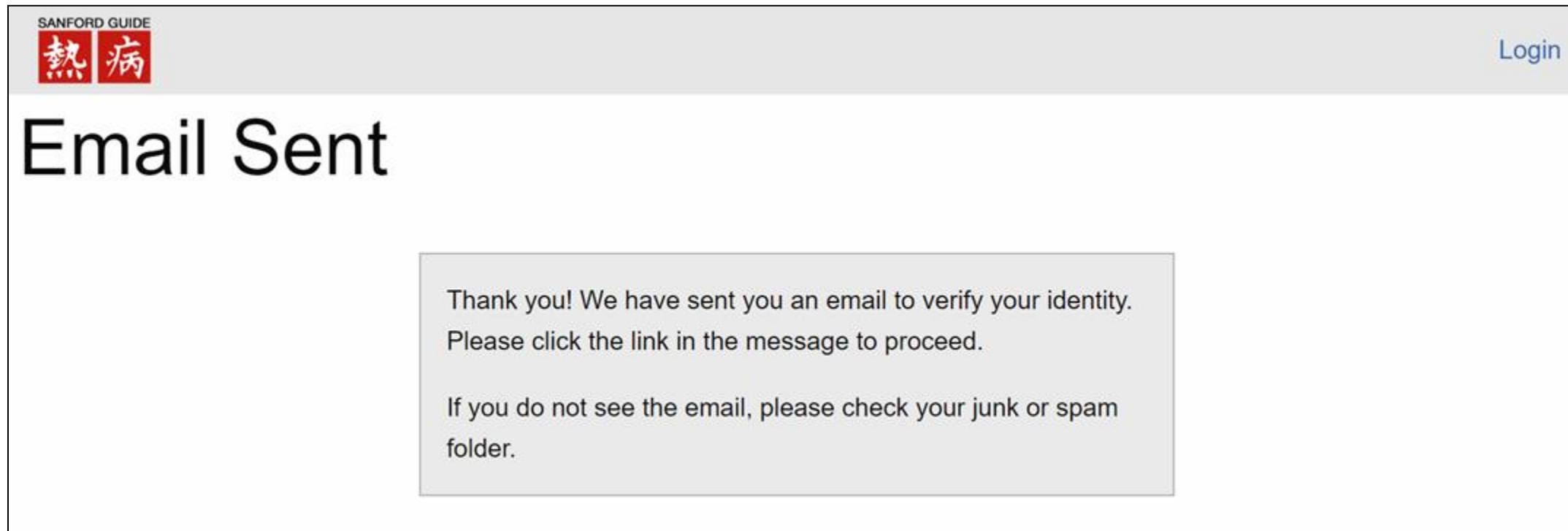
填入取得的序號

Claim License

Reset

APP註冊說明 Step 2：確認認證信

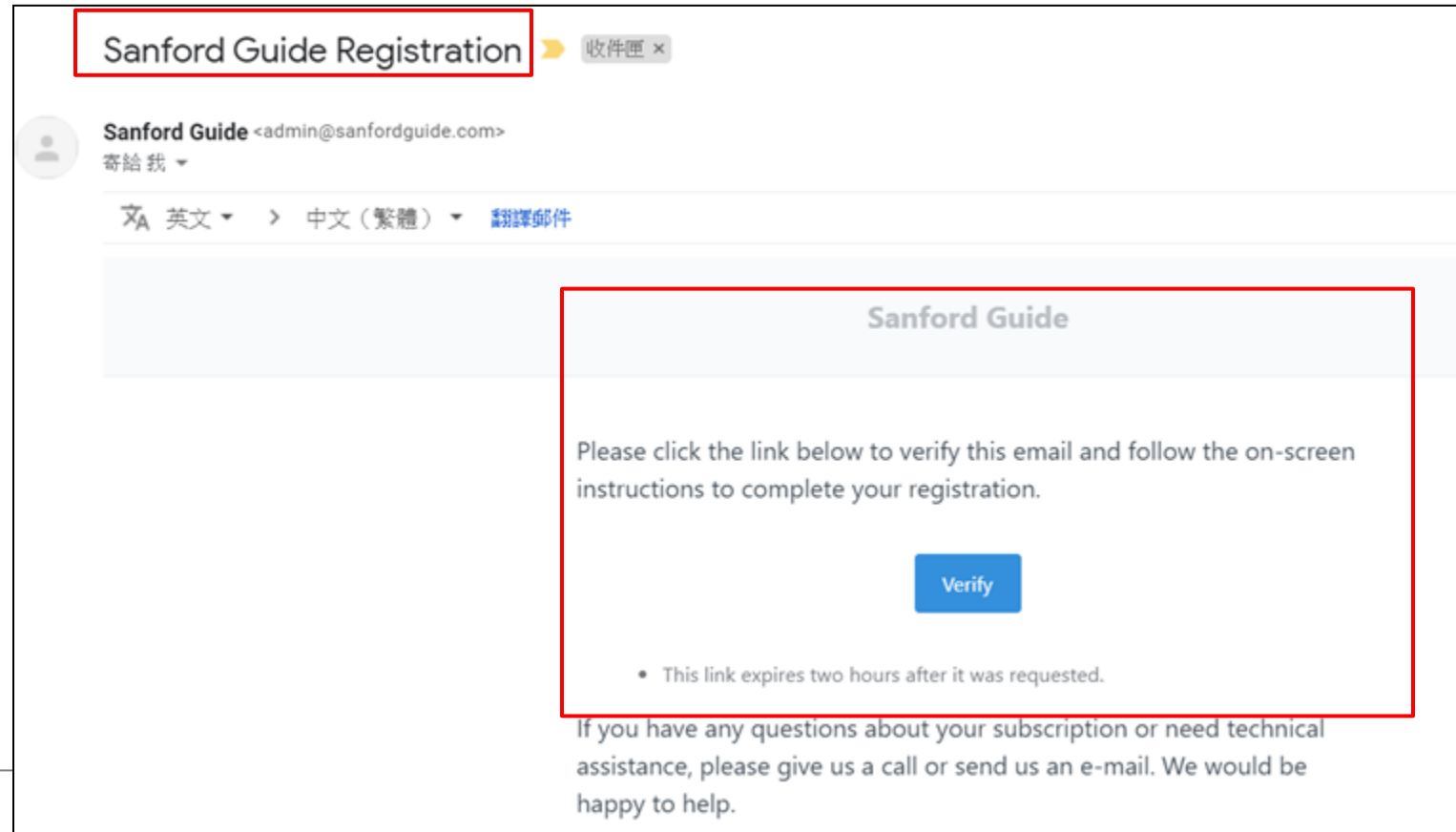
完成申請後，系統會自動回覆如下的訊息，請您立即打開信箱收信。



APP註冊說明 Step 3：點擊“認證”啟用

進入個人信箱收信：點擊Verify (兩小時內有效)，完成個人資訊建立

○



APP註冊說明 Step 4：個人註冊資訊確認

(1)如果您先前有註冊過，系統會忽略個人資訊的註冊，請直接用您原本設定的密碼登入App。

* 若忘記密碼，可點選下方的連結進行密碼重設。

(2)如果您是 newUser 註冊，請繼續參考下列說明。

APP註冊說明 Step 5：新用戶個人資訊註冊

SANFORD GUIDE

熱病

New User Account: 您申請的Email

First Name

英文名

Last Name

英文姓

Password

設定您的密碼

Confirm Password

重複您所設定的密碼

User Preferences

是否允許出版社每月寄送通知給您

Yes ☐

Please send me a monthly update about Sanford Guide.
(Your address will not be disclosed to outside parties.)

是否定期提供給您個人的使用紀錄

☐ No

Collect and provide me access to my Sanford Guide usage data.

是否同意出版社匿名蒐集您的使用資料

Yes ☐

Help us improve by allowing the collection of anonymous usage data.

Submit

Reset

請依據表格內容填寫您的個人資訊，使用者資訊建議選擇預設值，並同意接受出版社蒐集您的使用資料，以利圖書館評估是否續訂。

 FlySheet
Med-Informatics 飛資得醫學資訊

53

APP註冊說明 Step 6 : 下載熱病App

完成註冊後，依據您的手機載具
下載對應的App

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APP安裝 Step 1:搜尋Sanford Guide

此次APP涵蓋熱病三大主題：

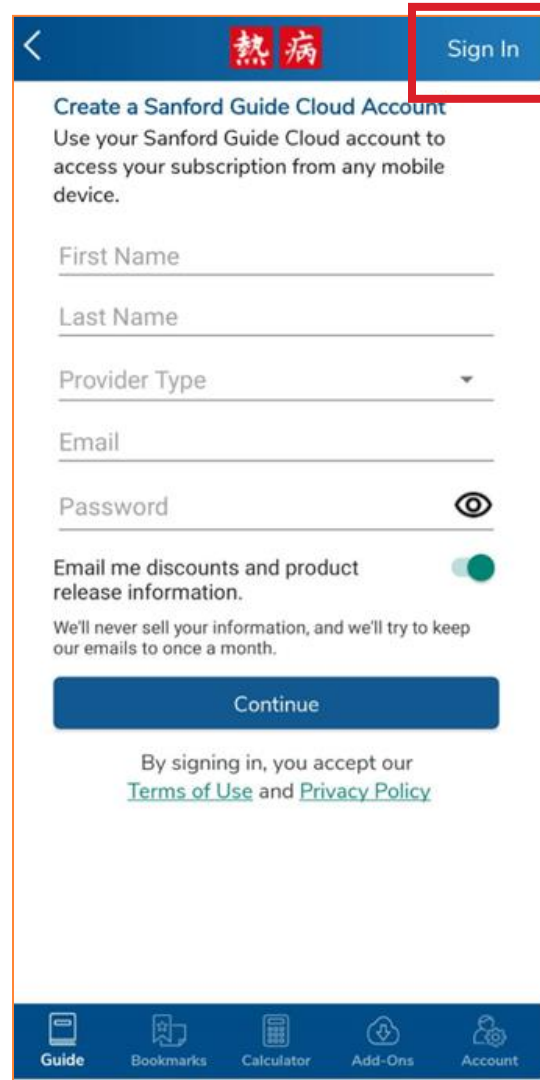
Antimicrobial Therapy、HIV/Aids、Hepatitis，請至手機的應用程式商店 (Google Play、App Store) 搜尋 **Sanford Guide**

APP安裝 Step 2：登入使用(可離線使用)

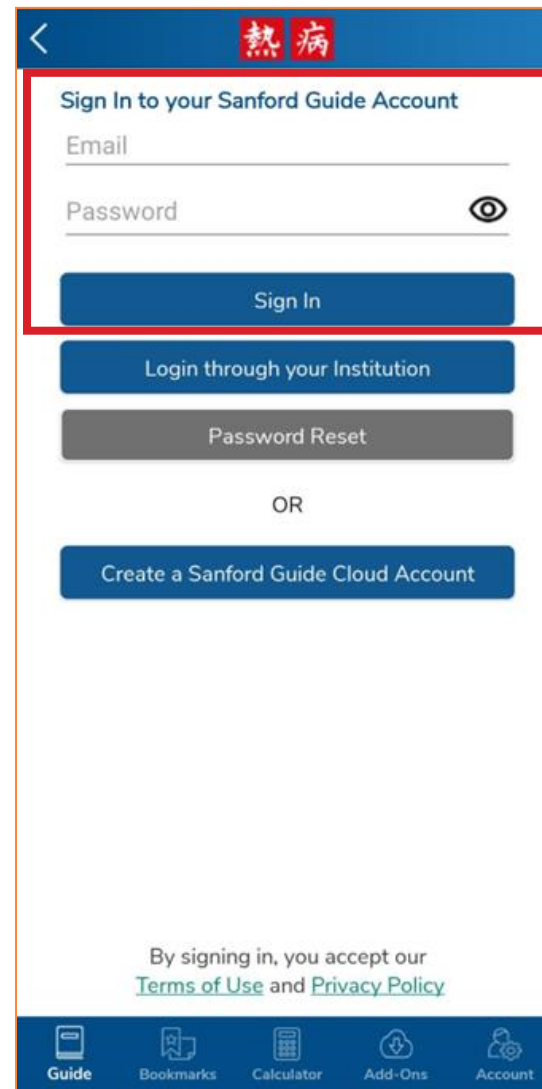
1.App登入畫面



3.點選Sing In



4.輸入帳號密碼



5.安裝完成後畫面



2.點選此登入



THANK YOU

