



Name of Resource person: Dr. A. Arul Kumaran **Podcast Title: National Antibiotic Awareness Week**

Department: Paediatrics **Category: Public awareness**

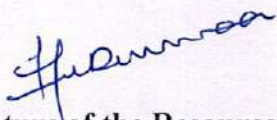
TRANSCRIPT

A very good morning to everyone!

As a part of National Antibiotic Awareness week, today I am going to talk about Rational antibiotic therapy in children. In children, the most common causes for infection are viral in etiology. We just not necessitate any role of antibiotics. What mostly it requires is paracetamol and control of hydration with proper fluid intake but antibiotics are used irrationally for all viral infections. Today we discuss about two important antibiotics – Amoxicillin and Cefixime and its use in pediatric practices. Amoxicillin is often used under rated because of narrow spectrum of action. It is the most common antibiotics which should be used for all infections above the diaphragm. It is the first line of therapy for acute pharyngotonsillitis, otitis media, even to treat pneumonia in children but it is often missed and underused. It should be the 1st line of therapy because it is narrow spectrum, effective, as well as it is not developed resistance for group a beta haemolytic streptococcus. Hence it is the first drug of choice. For all infection below the diaphragm, cefixime should be used as the 1st drug of therapy for treating acute dysentery, UTI & enteric fever- while acute dysentery is most often a clinical diagnosis. Before treatment of UTI, a urine culture should be taken and before treatment for enteric fever, a blood culture should be taken. Cefixime should be continued for appropriate duration and proper dose. These are the two important antibiotics

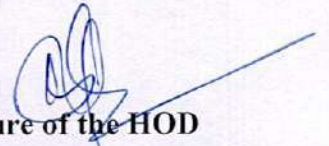
which should be used in our clinical practices, hope everyone clear about rational use of antibiotics in children. We all should use antibiotics judiciously and wisely to prevent antimicrobial resistance.

Thank you



Signature of the Resource Person

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