

UNIVERSITY OF COLORADO MEDICAL CENTER

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CIRCULAR NO. 5: P. S.

TO: Clinical Department Heads, Clinical Division Heads, Interns and Residents, Nursing Service, Social Service, Director of Out-Patient Department, Pharmacy, Administrative Department Heads (5)

FROM: Coordinator of Patient Services

SUBJECT: Restrictions on the Use of Antibiotics in Treatment of Staphylococcal Infections

Reference:

1. Special Committee on Staff Infections, Medical Board March 10, 1958
2. Drug Committee of the Medical Board April 1, 1958

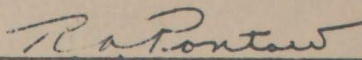
Introduction:

A number of possible means have been carefully considered by the above references to limit the use of antibiotics in order to preserve the effectiveness of certain drugs for the use in staphylococcal infections due to resistant strains. The following recommendations are endorsed by the Medical Board for immediate application.

I. Recommendations

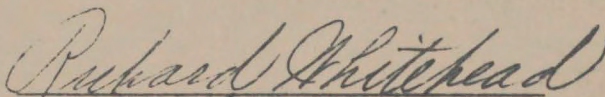
- A. That in the initial treatment of staphylococcal infections, or of mixed infections in which staphylococci may play a part, wherever possible treatment should be started on commonly used drugs such as penicillin, streptomycin, tetracycline and sulfonamides.
- B. That insofar as possible, erythromycin and chloromycetin be reserved for those organisms which were resistant to the drugs listed above.
- C. That novobiocin be used only for the treatment of serious staphylococcal infections due to strains resistant to the antibiotics listed in A and B.
- D. That all new intravenous drugs, Spontin and Vancomycin be reserved for critically ill patients with infections due to resistant staphylococci or enterococci.
- E. That parenteral Bacitracin and Neomycin be limited in their use to critically ill patients with infections due to resistant organisms.

As a means of implementing this general policy, it is suggested that when members of the house staff in the treatment of staphylococcal infections wish to use any drugs other than those listed on recommendation A, they consult with and obtain the consent of the chief resident on each service. The chief residents will be contacted by their respective department chiefs and informed of the purpose and importance of these recommendations.



Robert A. Pontow
Coordinator of Patient Services

Approved:



Richard Whitehead, M.D.
Chairman, Hospital Drug Committee

cc: Medical Board Members
Drug Committee Members
Dean Robert J. Glaser
Mr. Robert L. Denholm