



# Farmakoterapi Populasi Khusus

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Chotijatun Nasriyah



# acute respiratory infections

- merupakan penyakit infeksi akut yang melibatkan salah satu atau lebih dari organ saluran pernapasan, hidung, sinus, faring dan laring
- mencakup: tonsilitis, sinusitis, rhinitis, laringitis, faringitis



# Penyebab

1

**Virus**

- Mikrovirus (Influenza, para-influenza, campak)
- Adenovirus

2

**Bakteri**

Streptokokus Hemolitikus, Stafilokokus, Pneumokokus, Hemofilus Influenza, Bordetella Pertusis, dan Korinebakterium Diffteria

# Saluran pernafasan

## Saluran Pernafasan Atas

Rongga hidung

Faring

Laring



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kuman yang menyebar melalui  
udara saat batuk/bersin dalam  
droplet

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**-- sumber penularan --**

# Tanda dan Gejala



- myalgia; batuk; sakit kepala, sakit tenggorokan; beringsus, demam ringan, bersin
- gejala muncul setelah 1-3 hari terpapar kuman pathogen
- biasanya berlangsung 7-10 hari

# Gejala lainnya

# G

- Sakit leher, nyeri menelan, suara berubah atau batuk
- Kadang gejala infeksi sal nafas atas dibarengi nyeri dan tekanan di telinga krn infeksi otitis media; mata merah oleh karena virus

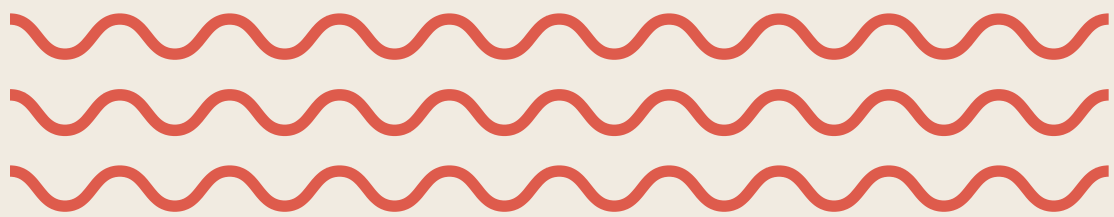
# Pencegahan

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1. Penyuluhan kesehatan
2. Pengobatan
3. Imunisasi dan,
4. Menjaga keadaan gizi agar tetap baik







## Terapi

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- ✓ Pemberian AB ---- bakteri
- ✓ Suportif (Decongestan; Analgetik-antipiretik; mukolitik; bronkodilator dll)

# Guidelines for the Use of Antibiotics in Acute Upper Respiratory Tract Infections

## Clinical Practice Guidelines Compendium: Children with URI

<p><b>Age group</b></p> <p>Younger than six months: antibiotics</p> <p>Six months to two years: antibiotics if diagnosis certain; antibiotics if diagnosis uncertain and severe illness</p> <p>Older than two years: antibiotics if diagnosis certain and severe illness</p> <p><b>Analgesics and antipyretics</b></p> <p>Always assess pain. If pain is present, treatment to reduce pain</p> <p>Oral: ibuprofen or acetaminophen (may use acetaminophen with codeine for moderate-severe pain)</p> <p>Topical: benzocaine</p>	<p><b>First-line therapy</b></p> <p>High-dosage amoxicillin (80 to 90 mg per kg per day) if severe illness or additional coverage desired.</p> <p>high-dosage amoxicillin/clavulanate (Augmentin; 80 to 90 mg per kg per day of amoxicillin component)</p> <p><b>Alternative therapy</b></p> <p>Nonanaphylactic penicillin-allergic: cefdinir (Omnicef), cefpodoxime (Vantin), or cefuroxime (Ceftin)</p> <p>Severe penicillin allergy: azithromycin (Zithromax) or clarithromycin (Biaxin)</p> <p>Unable to tolerate oral antibiotic: ceftriaxone (Rocephin)</p>	<p>Group A streptococcal infection: Treatment reserved for patients with positive rapid antigen test or throat culture</p>	<p><b>First-line therapy</b></p> <p>Penicillin V (Veetids), penicillin G benzathine (Bicillin LA)</p> <p><b>Alternative therapy</b></p> <p>Amoxicillin, oral cephalosporins, clindamycin, macrolides</p>
<p>Usual antibiotic duration: 10 days</p> <p>Failure to respond after 72 hours of antibiotics: reevaluate patient and switch to alternate antibiotic. Fiberoptic endoscopy or sinus aspiration for culture may be necessary.</p>	<p><b>First-line therapy</b></p> <p>Amoxicillin (80 to 90 mg per kg per day)</p> <p><b>Alternative therapy</b></p> <p>Amoxicillin/clavulanate (80 to 90 mg per kg per day of amoxicillin component), cefpodoxime, cefuroxime, cefdinir, ceftriaxone</p> <p>For beta-lactam allergy: TMP-SMX (Bactrim, Septra), macrolides, clindamycin (Cleocin)</p>	<p>Treatment reserved for <i>B. pertussis</i>, <i>C. pneumoniae</i>, <i>M. pneumoniae</i></p>	<p>Macrolides (tetracyclines for children older than eight years)</p>
		<p>Adequate fluid intake; may advise rest, over-the-counter medications, humidifier</p>	<p>None</p>

# Guidelines for the Use of Antibiotics in Acute Upper Respiratory Tract Infections

## Clinical Practice Guidelines Compendium: Adults with URI

Antibiotic duration: 10 days

Failure to respond after 72 hours of antibiotics: reevaluate patient and switch to alternate antibiotics

### First-line therapy

Amoxicillin

### Alternative therapy

Amoxicillin/clavulanate (Augmentin), cefpodoxime (Vantin), cefdinir (Omnicef), respiratory quinolones (gatifloxacin [Tequin], levofloxacin [Levaquin], moxifloxacin [Avelox])

For beta-lactam allergy: TMP-SMX (Bactrim, Septra), doxycycline (Vibramycin), azithromycin (Zithromax), clarithromycin (Biaxin)

Group A streptococcal infection, antibiotic duration: 10 days

### First-line therapy

Penicillin V (Veetids), penicillin G benzathine (Bicillin LA)

### Alternative therapy

Amoxicillin, macrolides (erythromycin preferred in patients allergic to penicillin), oral cephalosporins, clindamycin (Cleocin)

Uncomplicated: not indicated

Chronic bronchitis and COPD: amoxicillin, TMP-SMX, or doxycycline

Other (*B. pertussis*, *C. pneumoniae*, *M. pneumoniae*): erythromycin or doxycycline

# THANKS



Do you have any questions?  
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