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Delafloxacin, a fluoroquinolone antibiotic, was approved in October 2019 (after the guidelines were published) for treatment of adults with CAP caused by S pneumoniae, MSSA, selected gram-negative pathogens (Klebsiella pneumoniae, Escherichia coli, P aeruginosa, H influenzae, Haemophilus parainfluenzae), and atypical microorganisms (C pneumoniae, L pneumophila, M pneumoniae). It may be given either IV or orally at a dosage of 300 mg IV every 12 hours or 450 mg orally every 12 hours, with adjustment required for patients with severe renal impairment. Management of adults with hospital-acquired and ventilator-associated pneumonia: 2016 clinical practice guidelines by the Infectious Diseases Society of America and the American Thoracic Society. Clin Infect Dis. Research and news articles citing fluoroquinolones. Fluoroquinolone prescribing at discharge, and levofloxacin prescribing overall, is a growing target for stewardship. * Abstract Background. Between 2007 and 2015, inpatient fluoroquinolone use declined in U.S. Veterans Affairs (VA) hospitals. Whether fluoroquinolone use at discharge, academic.oup.com. Around one hundred drugs of our modern pharmacopeia are efficacious and usable as antibiotics in medicine; they are used to kill or block growth of bacteria. Around one hundred drugs of our modern pharmacopeia are efficacious and usable as antibiotics in medicine; they are used to kill or block growth of bacteria. * Fluoroquinolone Research. 5 March. The aim of this study was to review the use of fluoroquinolone (FQ) drugs in a teaching hospital and to bring to light the factors associated with FQ misuse. An infectious diseases specialist reviewed the questionnaires and analyzed FQ therapy according to local guidelines for FQ prescription. Among the group of 174 patients included, FQ therapy was inappropriate in 88 cases (50.6%; 95% CI 43–58) for the following reasons: inappropriate clinical setting, 43; non-first-line recommendation, 24; inappropriate choice of FQ agent, 9; and inappropriate combination of FQs, 12. FQ prescriptions did not comply with prescription rules in 45 cases (25.9%; 95% CI 20–33). Describe drug utilization for fluoroquinolone (FQ), azithromycin (AZ) for sinusitis and bronchitis, and sulfamethoxazole / trimethoprim (ST) for urinary tract infection in an entire health claims database and among those individuals in that database who eligible for short term disability benefits. To that end, we compared the disability rate in fluoroquinolones with the rates observed with the use of AZ/ST, when prescribed for the indications of interest. International clinical practice guidelines for the treatment of acute uncomplicated cystitis and pyelonephritis in women: a 2010 update by the Infectious Diseases Society of America and the European Society for Microbiology and Infectious Diseases. Clin Infect Dis. 2011;52(5):e103–20.