

Table 1 MRSA treatment options

Name	Advantages	Disadvantages
Linezolid	Active against MRSA, MSSA, and MRSE Available in both intravenous and oral forms	Toxic with long-term use Bone marrow suppressive Expensive
Clindamycin	Older drug making a comeback Inhibits several MRSA strains Only oral agent reliably active against both MRSA and group A Streptococcus	Should not be used if “D” lab test is positive Should not be used in the case of an erythromycin-resistant, clindamycin-sensitive staphylococcal infection
Trimethoprim-sulfamethoxazole	Oral drug of choice for combating MRSA Generally well-tolerated Inexpensive	Side effects may include rash, bone marrow suppression
Doxycycline/minocycline	May be better than trimethoprim-sulfamethoxazole in the treatment of MRSA	Upper gastrointestinal side effects Contraindicated for children younger than 9 years old
Tigecycline	Covers both gram-negative and gram-positive pathogens	Only available in intravenous form Adverse effects, such as nausea, similar to other tetracyclines Contraindicated for children younger than 9 years old
Daptomycin	Kills pathogen more rapidly than vancomycin Administered only once per day	Inferior to ceftriaxone in treatment of community-acquired pneumonia Dose-dependent myopathy has been observed