GUIDELINES FOR EMPIRIC THERAPY in HOSPITALIZED ADULTS[5]

Doses provided in this table are for patients with normal renal and hepatic function. Please adjust doses for the renally and hepatically impaired patients.

	Diagnosis	Drug (s) of First Choice	For SEVERE PCN allergy[1]
Bone	**Septic arthritis**	Vancomycin PLUS Ceftriaxone 1 g IV daily	Vancomycin PLUS: Ciprofloxacin 400 mg IV q12h
Central Nervous System	**Brain abscess**	Ceftriaxone 2 g IV q12h PLUS Metronidazole 500 mg IV/PO q8h WITH or WITHOUT: Vancomycin	Aztreonam 2 g IV q8h PLUS Vancomycin PLUS Metronidazole 500 mg PO/IV q8h
	Epidural abscess[2]	Cefepime 1 g IV q6h PLUS Vancomycin	Aztreonam 2 g IV q8h PLUS Vancomycin
	Meningitis (community onset, Age <50 years old)	Ceftriaxone 2 g IV q12h PLUS Vancomycin WITH or WITHOUT one of: Ampicillin 2 g IV q4h (only if >50 yrs old)	Vancomycin PLUS Chloramphenicol 12.5 mg/kg IV q6h If Chloramphenicol unavailable, order Aztreonam 2 g IV q6h-q8h and consult ID
	Meningitis (Post-neurosurgical or device associated)	Cefepime 2 g IV q8h PLUS Vancomycin	Vancomycin PLUS Chloramphenicol 12.5 mg/kg IV q6h If Chloramphenicol unavailable, order Aztreonam 2 g IV q6h-q8h and consult ID
Endocarditis	**Native valve**	Vancomycin PLUS Gentamicin 1mg/kg/dose IV Q8h	Vancomycin PLUS Gentamicin 1mg/kg/dose IV Q8h
	Prosthetic valve	Vancomycin PLUS Gentamicin 1 mg/kg/dose IV q8h	Vancomycin PLUS Gentamicin 1 mg/kg/dose IV q8h
Gastrointestinal	**Primary Peritonitis (SBP)**	Ceftriaxone 1 g IV q24h X 5 days	Vancomycin PLUS Levofloxacin 500 mg IV Daily
	Secondary Peritonitis (mild-mod)	Pip/tazo 3.375 g IV q8h	Vancomycin PLUS Aztreonam 2 g IV q8h PLUS Metronidazole 1 g IV q8h
	***Clostridium difficile*-associated diarrhea**	Ask patient if recent episode of *C. diff* <u>Initial episode, mild to moderate disease</u> (WBC ≤15K and SCr less than 1.5 times premorbid level) **Metronidazole** 500 mg PO q8h x 10-14 days <u>Initial episode, severe disease</u> (WBC >15k and/or 50% increase in SCr) **Vancomycin** 125mg PO q6h x 10-14 days <u>Initial episode, severe disease with complications</u> (ICU admission due to C. difficile disease[3], toxic megacolon, severe colitis on CT scan, perforation, hypotension, shock) **Vancomycin** 500mg PO q6h x 10-14 days PLUS **Metronidazole** 500 mg IV q8h x 10-14 day	

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	Diagnosis	Drug (s) of First Choice	For SEVERE PCN allergy[1]
Respiratory Infections	**Community-Acquired Pneumonia Immunocompetent patient** – Medical Ward	Ceftriaxone 1 g IV daily PLUS Azithromycin 500 mg IV daily	Levofloxacin 750 mg PO/IV Daily
	Healthcare –associated pneumonia (HCAP): acquired in long-term care facility where antimicrobials used or *Pseudomonas* risk factors (see Comments)	Vancomycin PLUS Pip/Tazo 3.375 g IV q8h[6]	Vancomycin PLUS Levofloxacin 750 mg IV daily
	Hospital-acquired pneumonia EARLY ONSET including ventilator-associated or less than 5 days of hospitalization, no risk factors for drug-resistant organisms	Vancomycin PLUS Pip/Tazo 3.375 g IV q8h[6]	Vancomycin PLUS Levofloxacin 750 mg IV daily
Sepsis	**Septic Shock** Community onset, no recent healthcare exposure	Vancomycin PLUS Pip/Tazo 3.375 g IV q8h[6]	Vancomycin PLUS Metronidazole 500mg IV/PO q8h PLUS one of: Aztreonam 2 g IV q8h OR Aminoglycoside
	Sepsis Healthcare-associated and/or previous antibiotic therapy	Vancomycin PLUS one of: Meropenem 500 mg IV q6h	Vancomycin PLUS Metronidazole 500mg IV/PO q8h PLUS one of: Aztreonam 2 g IV q8h OR Aminoglycoside Consult ID
Skin and Soft Tissue	**Cellulitis (without abscess)**	Cefazolin 1 g IV q8h or Ampicillin/Sulbactam 3 g IV q6h	Vancomycin
	Abscess[4]	Vancomycin PLUS Ampicillin/Sulbactam 3 g IV q6h	Vancomycin
	Necrotizing fasciitis or suspected deep tissue extension	Vancomycin PLUS Pip/Tazo 3.375 g IV q8h[6] PLUS Clindamycin 600-900 mg IV q8h Request surgical consult	Vancomycin PLUS Aztreonam 2 g IV q8h PLUS Clindamycin 600-900 mg IV q8h Request surgical consult
Urinary	**Complicated UTI**	Cefepime 1 g IV q12h	Aztreonam 2 g IV q8h

Reference: Infectious Disease Society of America (IDSA) guidelines < http://www.idsociety.org/IDSA_Practice_Guidelines/ >
Brought to you from your Antimicrobial Stewardship Team: Shubha Kerkar MD, Xolani Mdluli MD, and Kyna Ngo, PharmD

"Choose Wisely. Saving Antibiotics Saves Lives.***"***

[1] Verify if TRUE penicillin allergy. Verify penicillin allergic reaction and when it occurred.
[2] Neurosurgical consult highly recommended.
[3] Recommend vancomycin enema for ICU admission for *C. difficile*
[4] Highly recommend surgical consult for I&D.
[5] De-escalate antibiotics within 48-72 hours of empiric therapy.
[6] Combination of pip/tazo and vancomycin will increase risk of nephrotoxicity. Monitor carefully and de-escalate when possible.