

PARKVIEW MEDICAL CENTER

Recommendations for initial empiric antimicrobial therapy

SKIN AND SOFT TISSUE INFECTIONS^{1Δ}	
Clinical setting	Antibiotics
NON PURULENT	
Mild to moderate	Penicillin or cefazolin [^]
Severe [#]	Vancomycin + cefepime + metronidazole
PURULENT	
Mild	Incision and drainage alone
Moderate	Doxycycline or TMP/SMX
Severe [#]	Vancomycin (or Linezolid [#])

INTRA ABDOMINAL INFECTIONS IN ADULTS²	
Clinical setting	Antibiotics
Community acquired	
Mild to moderate	Ceftriaxone + Metronidazole
Severe	Cefepime + Metronidazole OR Pip/Tazo
Health care associated	Vancomycin + Cefepime + Metronidazole

FEBRILE NEUTROPENIA^{3#}	
Clinical setting	Antibiotics
Clinically stable, admitted to hospital	Cefepime
Suspected catheter related infection or skin and soft tissue infection, or in shock	Vancomycin + Cefepime

PNEUMONIA	
Clinical setting	Antibiotics
Community acquired bacterial pneumonia⁴	
Non ICU setting	Azithromycin + Ceftriaxone
ICU setting [#]	Azithromycin + Ceftriaxone +/- Linezolid or Vancomycin
Hospital Acquired Pneumonia or Ventilator Associated Pneumonia ^{5#}	Vancomycin ^{**} + Cefepime

BACTERIAL MENINGITIS^{6#}	
Clinical setting	Antibiotics
Community acquired (Age 18-50, not immunocompromised)	Vancomycin + Ceftriaxone ^{***}
Community acquired (Age >50, pregnant or immunocompromised)	Vancomycin + Ceftriaxone + Ampicillin
Health care associated meningitis ⁷	Vancomycin + Cefepime ^{***}

URINARY TRACT INFECTIONS⁸	
Clinical setting	Antibiotics
Acute uncomplicated cystitis	Nitrofurantoin ^{****}
Pyelonephritis	Ceftriaxone

NOTES

*Individual patient variation, antibiotic allergies and special clinical situations should be taken in to account while using these recommendations. Review patient reported PCN allergies carefully for accuracy, consider infectious disease consult for these patients.

Δ Conditions that may warrant different antibiotics: Animal or human bites, immunosuppression, trauma, necrotizing fasciitis, shock

^If there is h/o nasal MRSA colonization, evidence of MRSA infection elsewhere, penetrating trauma, IDU or SIRS, antibiotic active against both MRSA and streptococci should be used.

#Infectious disease consultation should be strongly considered.

** Vancomycin should be discontinued if no resistant gram-positive organisms are identified on cultures

***For CNS infections: Dose of ceftriaxone should be 2gms Q12H, cefepime should be dosed at 2gms Q8H (renal adjustment as needed)

****Nitrofurantoin should not be used in patients with elevated creatinine; alternative includes fosfomycin or trimethoprim/sulfa (Urine culture and sensitivities should be obtained)

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Drafted by: Jatin Patel, MD.

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