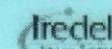


Empiric Treatment of Common Infections: Inpatient Therapy, Outpatient Transition, and Total Duration

The following recommendations are for the empiric treatment of common infections. Guidance for Outpatient Transition is appropriate for clinically responding, uncomplicated cases. Target antibiotics toward microbiologic data when available.

Condition	Inpatient Therapy ^a	Oral/Outpatient Transition ^a	Total Duration
Community-acquired pneumonia, uncomplicated			
0-1 risk for MDRO ^a	Ceftriaxone 1g IV daily Plus Azithromycin 500mg IV/PO daily	Cefuroxime 500mg PO BID	5d
Severe PCN allergy ^f	Levofloxacin 750mg IV/PO daily	Levofloxacin 750mg PO daily	5d
Hospital-acquired pneumonia (HAP) or significant risk for MDRO			
HAP ≥2 risk factors for MDRO ^a (pseudomonas & MRSA)	Pip/tazo 3.375g q8h OR Cefepime 2g q8h (if mild penicillin allergy ^f) OR Aztreonam 2g q8h (if severe penicillin allergy ^f) Plus Vancomycin	Levofloxacin 750mg PO daily	7d
COPD exacerbation			
Moderate to severe (hospitalized patients)	Azithromycin 500mg PO/IV x 3		3 d
Skin & soft tissue infections, uncomplicated			
Non-purulent cellulitis	Cefazolin 1g IV q8h	Cephalexin 500 mg PO QID	5-7d
Abscess, wound infection, purulent cellulitis, or severe PCN allergy ^f	Vancomycin IV (pharmacy to dose) OR Linezolid 600mg po BID	Doxycycline 100mg PO BID OR Clinda 300-450mg PO TID OR Bactrim DS 1-2 tabs PO BID ^b	5-7d



Condition	Inpatient Therapy ^a	Oral/Outpatient Transition ^a	Total Duration
Intra-abdominal infection			
Community-acquired, mild-moderate severity	Cefazolin 1g IV q8h Plus Metronidazole 500mg IV q8h OR Levofloxacin 750mg q24h Plus Metronidazole 500 mg IV q8h (if severe PCN allergy ^f)	Often not needed	5d
Complicated &/or suspected biliary involve	Pip/tazo 3.375g q8h	Often not needed	4-7d
Urinary tract infection^c			
Uncomplicated cystitis in women	Nitrofurantoin 100mg PO BID (CrCl >30) Cephalexin 500mg PO TID	<i>2nd line agents:</i> Levofloxacin 250mg daily (total 3d) OR Cefdinir 300mg BID (total 3-5d)	
Complicated lower tract	Ceftriaxone 1g IV daily PCN allergy: Levo 750mg daily (3-5d total)	Cefdinir 300mg BID (total 7d)	
		<i>If susceptible:</i> Bactrim DS 1 tab BID ^b (total 7d)	
Uncomplicated pyelonephritis ^c	Ceftriaxone 1g IV daily PCN allergy: Levo 750mg daily (3-5d total)	Cefdinir 300mg BID (total 10d) OR Levofloxacin 750mg PO daily (total 5-7d)	
		<i>If susceptible:</i> Bactrim DS 1 tab BID ^b (total 10d)	

^a Risk factors for MDRO CAP: abx in previous 6 months, hospitalized in previous 90 days, ongoing chemotherapy, chronic steroid use, organ transplantation, nursing home or long-term acute care resident, chronic hemodialysis, home infusion or wound care, or poor functional status

^b Bactrim not recommended for age >65yrs; patients on ACE inhibitor, ARB, spironolactone, or warfarin; pregnant women in 1st trimester or near term

^c Excludes patients with renal abscess, urinary tract obstruction (e.g. obstructing kidney stone) or urinary device

^d For toxic megacolon, severe ileus, septic shock, or pseudomembranous colitis, 500mg PO QID recommended

^e Please note that the following abx & dose recommendations are based upon normal renal function; adjust appropriately for renal dysfunction. Patients should be converted to oral alternatives as soon as tolerating oral diet.

^f Severe penicillin allergy: Immediate type 1 IgE-mediated reactions such as shortness of breath, throat swelling, hypotension, anaphylaxis or delayed type allergic reactions such as interstitial nephritis, serum sickness, stevens-johnson syndrome, hemolytic anemia, neutropenia, thrombocytopenia