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| **Empiric Adult Antimicrobial Guidelines****COMMUNITY-ACQUIRED INFECTIONS** |
| * Hospitalized < 48 hours prior to onset ▪ No risk factors for “Healthcare-Associated” infection
 |
| **Pneumonia** (based on 2007 IDSA ATS CAP guidelines) | **Skin/Soft Tissue** (based on 2014 IDSA guidelines for SSTI) |
| - Ceftriaxone **+** Azithromycin **OR**- Ceftriaxone **+** Doxycycline **OR**- Severe *ß-lactam Allergy*: Levofloxacin 750mg X 5 days**OR** | **Uncomplicated** (Cellulitis including non-purulent Cellulitis)- Cefazolin or Cephalexin- Severe *ß-lactam Allergy*: Trimeth/Sulfa or Clindamycin**Complicated** (Abscesses, including suspected CA-MRSA\*)Vancomycin 20 mg/kg X1, then Pharmacy to Dose**PLUS either**Clindamycin **+** Piperacillin/Tazobactam **OR** Clindamycin **+** Aztreonam**Animal/Human Bites**- Ampicillin/sulbactam or Cefoxitin**-** Severe *ß-lactam Allergy*:Levofloxacin/Ciprofloxacin **+** Clindamycin **Diabetic Foot**Vancomycin (as noted above) **PLUS**Piperacillin/Tazobactam **OR** Ceftazidime **+** Metronidazole ***ß-lactam Allergy*:** Vancomycin **+** Aztreonam **+** Metronidazole  |
| **Pseudomonal Risk:** (suspected multi-drug resistant organism, patient with bronchiectasis or structural lung disease with history of repeated antibiotic or chronic systemic corticosteroid use or immunocompromised status)- Piperacillin/Tazobactan **OR** Cefepime **OR** Ceftazidime**+** Tobramycin***ß-lactam Allergy*:** Aztreonam **+** Levofloxacin **±** Tobramycin |
| **Intra-Abdominal** (based on 2010 IDSA Intra-Abdominal Guidelines) |
| **Community-Acquired Acute Cholecystitis**- Cefazolin  **OR**  Ceftriaxone**Community-Acquired Complicated****Mild to Moderate**- Ceftriaxone **+** Metronidazole  **OR**  Cefoxitin**Severe**:(severe physiologic disturbance, elderly, immunocompromised)- Ceftazidime **OR** Cefepime **PLUS** metronidazole **OR** Piperacillin/Tazobactam alone***ß-lactam Allergy***- Aztreonam **+** Metronidazole **OR**  Meropenem **±** Gentamicin  |
| **Urinary Tract** (based on 2010 IDSA Guidelines) |
| - Ceftriaxone 1g IV q24h-**Avoid Ciprofloxacin or Levofloxacin as susceptibilities for expected pathogens are typically below 80%** ***ß-lactam Allergy*** : - Gentamicin 5 mg/kg IV X1 then Pharmacy to dose |

**\*CA-MRSA – Community-acquired Methicillin Resistant *Staphylococcus aureus***

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| **Empiric Adult Antimicrobial Guidelines****Hospital-Acquired or Associated Infections** |
| **Pneumonia (HAP or VAP)**(based on 2016 IDSA-ATS HAP/VAP Guidelines)**suggested duration of therapy Per guidelines – 7 DAYS** | **Skin/Soft Tissue Infection (SSTI)**(based on 2014 IDSA Guidelines for SSTI)**SXS: Temp>38°C, WBC>12K, Erythema & Induration** |
| **Risk Factors for Multi-Drug Resistant Pathogen** * Prior IV Antibiotic use within 90 days (VAP&HAP)
* 5 or more days of hospitalization prior to VAP
* Acute renal replacement therapy to VAP onset
* Septic Shock at time of VAP ▪ ARDS preceding VAP
 | **MRSA Risk Factors*** Prior MRSA Infection
* Positive Nasal Colonization
* Recent Hospitalization
* Recent Antibiotics
 |
| - Cefepime 2g IV q8h **OR** Piperacillin/Tazobactam 3.375g IV q8h infuse over 4 hours **OR** Meropenem (reserve for documented MDRO)**PLUS (especially for Sepsis)**- Tobramycin 7mg/kg IV x1, then Pharmacy to Dose**PLUS for MRSA:** - Vancomycin 25 mg/kg X1 then Pharmacy to dose***ß-lactam Allergy***: Vancomycin (as above) **PLUS** Ciprofloxacin 400mg IV q8h **PLUS** Tobramycin (dose as above for Sepsis) **&/OR±** Metronidazole (may add for aspiration)  | **SSI: Clean wound, head, neck, trunk, extremity**- Cefazolin 1g IV q8h **OR** Vancomycin 20 mg/kg X1, then Pharmacy to Dose (until R/O MRSA)***ß-lactam Allergy***: Trimeth/Sulfa or Clindamycin**SSI: Perineum, GI tract, Female GU**Ceftriaxone 1g q24h **PLUS** Metronidazole **OR** Piperacillin/Tazobactam 3.375g IV q8h infuse over 4 hrs**PLUS for MRSA**Vancomycin 20 mg/kg X1, then Pharmacy to Dose***ß-lactam Allergy***:Levofloxacin 750mg Daily **PLUS** Metronidazole**PLUS for MRSA**Vancomycin 20 mg/kg X1, then Pharmacy to Dose |
| **Urinary Tract** (based on 2009 IDSA CAUTI Guidelines) | **Intra-Abdominal** (based on 2010 IDSA Intra-Abdominal Guidelines) |
| - Piperacillin/Tazobactam (as above) **PLUS** Vancomycin (as above) **±** Gentamicin***ß-lactam Allergy****:* Aztreonam **+** Vancomycin **±** Gentamicin | - Cefepime **OR** Ceftazidime **PLUS** metronidazole **OR** Piperacillin/Tazobactam **OR** Meropenem alone**PLUS for MRSA**- Vancomycin 25 mg/kg X1 then Pharmacy to dose |

**\*VAP – Ventilator-Associated; HAP - Hospital-Acquired Pneumonia; SSI – Surgical Site Infection**