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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**