

Recommended Adult IV & PO Antibiotics and Dosing Guidelines

SITE	EMPIRIC THERAPY	CULTURED ORGANISM	PREFERRED IV THERAPY (If sensitive)	ORAL THERAPY (If sensitive)
Community Acquired Pneumonia Duration: 5-7 days	<u>NON ICU</u> Ceftriaxone 1 g IV q24h + Doxycycline 100 mg IV/PO q12h OR PCN allergy (severe): Levofloxacin 750 mg IV/PO q24h <u>ICU</u> Ceftriaxone 1 g IV q24h + Azithromycin 500 mg IV q24h Pseudomonas Risk Zosyn 3.375 g IV over 4 hr q8h + Ciprofloxacin 400 mg IV q8h Add Vancomycin if MRSA suspected	S.pneumoniae PCN-sensitive	Penicillin 2 MUnits IV q4-6h	Penicillin VK 500 mg PO q6h Amoxicillin 500 mg PO TID
		S. pneumoniae PCN-Intermediate	Ceftriaxone 1 g IV q24h	Amoxicillin 875 mg PO TID OR Levofloxacin 750mg PO q24h
		S. pneumoniae PCN-Resistant	Levofloxacin 750 mg IV q24h	Levofloxacin 750 mg PO q24h
		H.influenza M.catarrhalis	Azithromycin 500 mg IV q24h Doxycycline 100mg IV q12h	Azithromycin 250 mg PO q24h Doxycycline 100 mg PO q12h
		M.pneumoniae	Azithromycin 500 mg IV q24h	Azithromycin 250 mg PO q24h
		Legionella	Levofloxacin 750 mg IV q24h ± Rifampin 600 mg IV q24h (severe)	Levofloxacin 750 mg PO q24h ± Rifampin 600 mg PO q24h (severe)
Health Care Associated Pneumonia Duration: 7 days (uncomplicated) Pseudomonas/Staphylococcal 7-14 days depending on response	<u>NON ICU</u> Zosyn 3.375 g IV over 4 hr q8h Doxycycline 100 mg PO q12h x 5 days <u>PCN allergy (rash)</u> Cefepime 2 g IV q8h + Doxycycline 100 mg PO q12h x 5 days Add Vancomycin if MRSA suspected	Enterobacter	Ertapenem 1 g IV q24h or Meropenem 1 g IV q6h or Ciprofloxacin 400 mg IV q8h	Ciprofloxacin 750 mg PO BID
		P.aeruginosa	Zosyn 3.375 g IV over 4 hr q8h	Ciprofloxacin 750 mg PO BID
		S.aureus (MSSA)	Oxacillin 2 gm IV q4h OR Cefazolin 1-2 gm IV q8h	Dicloxacillin 500 mg PO 4 x/day
		S.aureus (MRSA)	Vancomycin	Linezolid 600 mg PO BID ID approval
Clostridium Difficile Colitis Duration: 10-14 days	First episode – mild-moderate (WBC <15, Scr <1.5 x baseline): Recurrent/moderate to severe: WBC >15, Scr >1.5 x baseline OR Alb <3 + abd tenderness OR WBC ≥ 15	Metronidazole 500 mg PO TID x 10-14 days		
		Vancomycin 125 mg PO 4x/day x 10-14 days If hypotension, shock, ileus, megacolon: vancomycin 500 mg PO 4x/day + metronidazole 500 mg IV q8h. If ileus consider adding rectal administration of vancomycin 1 g in 100-500 ml q6h. Retain enema 15 minutes – 1 hour. Do Not Use cholestyramine.		
Febrile Neutropenia	Zosyn 3.375 g IV over 4 hr q8h Or Cefepime 2 g IV q8h ± Vancomycin (with risk factors for gram positive pathogens/MRSA colonization)	Pseudomonas	Zosyn 3.375 g IV over 4 hr q8h	Ciprofloxacin 750 mg PO BID
		S.aureus	Oxacillin 2 gm IV q4h	
		MRSA	Vancomycin IV	
		Enterobacter	Ertapenem 1 g IV q24h or Meropenem 1 g IV q6h or Ciprofloxacin 400 mg IV q8h	Ciprofloxacin 750 mg PO BID
Community Acquired Intra-abdominal Appendicitis Cholecystitis Diverticulitis Duration 24 hrs if appendix/gallbladder removed 4-7 days with source control	Ceftriaxone 1g IV q 24h + Metronidazole (metronidazole is necessary if biliary-enteric anastomosis are present in cholecystitis) OR IF Penicillin allergy: anaphylaxis Ciprofloxacin 400 mg IV q12h + Metronidazole 500 mg IV q12h	Multiple Organisms including E.coli, Klebsiella Note: Anaerobes should be treated even if the culture is negative for anaerobes	Cefazolin 1-2 g IV q8h or Ceftriaxone 1 g IV q24h + Metronidazole 500 mg IV q12h Or Unasyn 3 g IV q6h	Augmentin 875 mg PO BID Or If Penicillin allergy: anaphylaxis Ciprofloxacin 500 mg PO BID + Flagyl 500 mg PO BID
Healthcare Associated Severe Intra-abdominal Infections	Zosyn 3.375 g IV over 4 hr q8h OR Cefepime 2 g IV q12h + Metronidazole 500 mg IV q12h OR IF Penicillin allergy: anaphylaxis Aztreonam 1-2 g IV q6h + Metronidazole 500 mg IV q12h + Vancomycin	Pseudomonas	Zosyn 3.375 g IV over 4 hr q8h	Ciprofloxacin 750 mg PO BID + Metronidazole 500 mg PO TID
		Multiple Organisms (excluding Pseudomonas)	Cefazolin 1-2 g IV q8h OR Ceftriaxone 1 g IV q24h + Metronidazole 500 mg IV q12h OR Unasyn 3 g IV q6h	Augmentin 875 mg PO BID
Skin & Soft Tissue Infection Duration: 5-10 days depending on response	Nonpurulent cellulitis Cefazolin 1-2 gm IV q8h or Oxacillin 2 gm IV q6h or PCN allergy: Clindamycin Purulent Cellulitis Vancomycin IV	S. pyogenes	Cefazolin 1-2 g IV q8h Penicillin 3 MU IV q6h OR Clindamycin 600 mg IV q8h	Amoxicillin 500 mg PO TID OR Cephalexin 500 mg to 1 g 4x/day Clindamycin 450 mg PO TID
		MSSA	Cefazolin 1-2 g IV q8h Oxacillin 2 gm IV q6h	Cephalexin 500 mg to 1 g PO 4x/day Dicloxacillin 500 mg PO q6h
		Community Acquired MRSA	Vancomycin IV	Bactrim DS 1-2 tabs PO BID OR Doxycycline 100 mg PO BID
Pyelonephritis 7-14 days Beta-lactam: 10-14 days	Ceftriaxone 1 g IV q24h ± Gentamicin 5 mg/kg IV q24h (Use standard dose of gentamicin If creatinine clearance is <30ml/min)	E.coli	Ceftriaxone 1 g IV q24h If Penicillin Allergy: Anaphylaxis Ciprofloxacin 400 mg IV q12h	Bactrim DS 1 PO BID OR Augmentin 875 mg PO BID Ciprofloxacin 500 mg PO BID
		Enterococcus	Ampicillin 2 g IV q6h ± Gentamicin	Amoxicillin 500 mg TID