

Site	Empiric treatment – No PCN allergy	Empiric treatment – PCN rash	Empiric treatment PCN severe (anaphylaxis)
Community Acquired Pneumonia	<p>NON ICU Ceftriaxone 1 g IV q24h + Doxycycline 100 mg IV/PO q12h</p> <p>ICU Ceftriaxone 1 g IV q24h + Azithromycin 500 mg IV q24h</p> <p>Pseudomonas Risk Zosyn 4.5 g IV q6h + Ciprofloxacin 400 mg IV q8h</p> <p>Add Vancomycin if MRSA suspected</p>	<p>NON ICU Ceftriaxone 1 g IV q24h + Doxycycline 100 mg IV/PO q12h</p> <p>ICU Ceftriaxone 1 g IV q24h + Azithromycin 500 mg IV q24h</p> <p>Pseudomonas Risk Cefepime 2 g IV q8h + Ciprofloxacin 400 mg IV q8h</p> <p>Add Vancomycin if MRSA suspected</p>	<p>NON ICU Levofloxacin 750 mg IV q24h</p> <p>ICU Levofloxacin 750 mg IV q24h + Aztreonam 2 g IV q8h</p> <p>Add Vancomycin if MRSA suspected</p>
CNS infections Meningitis +Laboratory Orders	<p>Ceftriaxone 2 g IV q12 + Vancomycin IV</p> <p>>50 years, pregnancy, or immunocompromised* add: ampicillin 2 g IV q4h</p> <p>Dexamethasone 10 mg IV q6h x 4 days (15 to 20 min prior to or with antibiotics, do not start if >4 hours from start of antibiotics). D/C if not pneumococcal meningitis.</p>	<p>Ceftriaxone 2 g IV q12 + Vancomycin IV</p> <p>>50 years, pregnancy, or immunocompromised* add: TMP-SMX 5 mg/kg (TMP) IV q6h</p> <p>Dexamethasone 10 mg IV q6h x 4 days (15 to 20 min prior to or with antibiotics, do not start if >4 hours from start of antibiotics). D/C if not pneumococcal meningitis.</p>	<p>Call ID consult: Levofloxacin 750 mg IV q24h (or Ciprofloxacin 400 mg IV q8h) + Vancomycin IV</p> <p>>50 years, pregnancy, or immunocompromised* add: TMP-SMX 5 mg/kg (TMP) IV q 6h</p> <p>Dexamethasone 10 mg IV q6h x 4 days (15 to 20 min prior to or with antibiotics, do not start if >4 hours from start of antibiotics). D/C if not pneumococcal meningitis.</p>
Encephalitis	<p>If signs of encephalitis: Acyclovir 10 mg/kg IV q8h (IV fluids)</p>	<p>If signs of encephalitis: Acyclovir 10 mg/kg IV q8h (IV fluids)</p>	<p>If signs of encephalitis: Acyclovir 10 mg/kg IV q8h (IV fluids)</p>
Febrile Neutropenia	<p>Zosyn 4.5 g IV q6h ± Vancomycin IV (serious IV catheter-related infections, blood culture with gram-positive bacteria, known colonization with MRSA, clinical instability (hypotension/shock), or soft tissue infection)</p>	<p>Cefepime 2 g IV q8h ± Vancomycin IV (serious IV catheter-related infections, blood culture with gram-positive bacteria, known colonization with MRSA, clinical instability (hypotension/shock), or soft tissue infection)</p>	<p>Levofloxacin 750 mg IV q24h + Aztreonam 2 g IV q8h + Vancomycin IV</p>
Community Acquired Intra-abdominal Appendicitis Cholecystitis Diverticulitis	<p>Ceftriaxone 1 g IV q24h + Metronidazole 500 mg IV q8h</p>	<p>Ceftriaxone 1 g IV q24h + Metronidazole 500 mg IV q8h</p>	<p>Ciprofloxacin 400 mg IV q12h + Metronidazole 500 mg IV q8h</p> <p>Ertapenem with ID approval (small risk of cross-reactivity)</p>
Healthcare-Associated Severe Intra-abdominal Infections	<p>Zosyn 3.375 g IV q6h</p>	<p>Cefepime 2 g IV q12h + Metronidazole 500 mg IV q8h</p>	<p>Aztreonam 2 g IV q8h + Metronidazole 500 mg IV q8h + Vancomycin IV</p>
Skin & Soft Tissue Infection	<p>Nonpurulent cellulitis Cefazolin 1-2 g IV q8h</p> <p>Purulent SSTI Vancomycin IV</p> <p>Severe (r/o necrotizing infections) Surgical Consult Zosyn 4.5 g IV q6h + Vancomycin (or linezolid 600 mg IV q12h ID approval)</p>	<p>Nonpurulent cellulitis Cefazolin 1-2 g IV q8h</p> <p>Purulent SSTI Vancomycin IV</p> <p>Severe (r/o necrotizing infections) Surgical Consult Meropenem 1 g IV q8h (ID approval) + Vancomycin (or linezolid 600 mg IV q12h ID approval)</p>	<p>Nonpurulent cellulitis Vancomycin IV</p> <p>Purulent SSTI Vancomycin IV</p> <p>Severe (r/o necrotizing infections) Surgical consult Levofloxacin 750 mg IV q24h (or ciprofloxacin 400 mg IV q8h) + metronidazole 500 mg IV q8h + Vancomycin IV (or linezolid 600 mg IV q12h ID approval)</p>
Complicated UTI	<p>Review previous urinary culture results</p> <p>Low risk of ESBL Ceftriaxone 1 g IV q24h</p> <p>Moderate risk of ESBL/Healthcare exposure Piperacillin-tazobactam 3.375 g IV q6h</p> <p>High risk of ESBL Ertapenem 1 g IV q24h</p> <p>Consider the addition of gentamicin IV in patients with severe sepsis or history of resistant pathogens and creatinine clearance >30 ml/min</p>	<p>Review previous urinary culture results</p> <p>Low risk of ESBL Ceftriaxone 1 g IV q24h</p> <p>Moderate risk of ESBL/Healthcare exposure Cefepime 1 g IV q12h</p> <p>High risk of ESBL Ertapenem 1 g IV q24h</p> <p>Consider the addition of gentamicin IV in patients with severe sepsis or history of resistant pathogens and creatinine clearance >30 ml/min</p>	<p>Review previous urinary culture results</p> <p>Low risk of ESBL Gentamicin IV or Aztreonam 1 g IV q8h or TMP-SMX 160 mg TMP IV q12h or Ciprofloxacin 400 mg IV q12h</p> <p>Moderate risk of ESBL/Healthcare exposure Gentamicin IV</p> <p>High risk of ESBL Call ID for recommendations</p> <p>Consider the addition of gentamicin IV in patients with severe sepsis or history of resistant pathogens and creatinine clearance >30 ml/min</p>