Infectious Disease

- Antibiotic Recommendations/Dosing

Antibiotic Recommendations/Dosing

General Principles

1. Initiate empiric therapy based on severity of illness, likely pathogen, likelihood of drug resistance, host factors (allergy, poor renal function, immunocompromised)
2. Initiate antibiotic therapy as soon as possible
3. tailor antibiotic therapy based on culture results
4. tailor antibiotic therapy once culture results are available (often 48-72 hours)
5. Transition from IV to oral antibiotic as soon as feasible to decrease cost and reduce complications from IV access
6. Consult ID for further assistance

Disease // Treatment with Dosing

Another useful app that you can access in phone (require fee) : Sanford Guide

> **All drug dosing is based on immunocompetent patients with no renal or hepatic dysfunction and normal weight, not elderly and not in ICU*

BONE/JOINT

Joint infections with hardware

- Consult ID and wait for results

Non-Vertebral Osteomyelitis

- Vancomycin 1000 mg IV q8h

Septic Arthritis

- Vancomycin 1000 mg IV q8h + Ceftriaxone 2 g IV q24h

CNS

Brain Abscess

- Ceftriaxone 2 g IV q12h+ Metronidazole 500 mg IV/PO q8h+/- Vancomycin 1000 mg IV q8h

Epidural Abscess

- Ceftriaxone + Vancomycin 1000 mg q8h

Meningitis (community-onset)

- Ceftriaxone 2 g IV q12h + Vancomycin 1000 mg IV q8h +/- Ampicillin 2 g IV q4h

INTRAABDOMINAL INFECTION

C. difficile (non-complicated)

- Vancomycin 125 mg PO q6h

Community-Acquired Secondary Peritonitis

- Ceftriaxone 1g IV q24h + Metronidazole 500 mg IV/PO q8h OR Ertapenem 1g IV q24h

Diverticulitis

- Ceftriaxone 1 g IV 24h + Metronidazole 500 mg IV/PO q8h

Liver Abscess

- Ceftriaxone 1 g IV 24h + Metronidazole 500 mg + Vancomycin 1000 mg IV q8h

Spontaneous Bacterial Peritonitis

- Ceftriaxone 1 g IV q24h

Traveler's Diarrhea

- if mild, fluid and electrolyte repletion +/- bismuth subsalicylate.
- If worse, Azithromycin 500 mg PO daily OR Ciprofloxacin 500 mg PO BID

PNEUMONIA

Pneumonia, Community Acquired

- Ceftriaxone 1g IV q24h + Doxycycline 100 mg IV/PO q12h

Pneumonia, Healthcare Associated

- Vancomycin 1000 mg IV q8h + Ertapenem i g IV q24h OR Cefepime 2 g IV q24h OR Piperacillin/Tazobactam 4.5 g IV q8h *Piperacillin/Tazobactam requires loading dose and

infusions over 4 hours

RESPIRATORY, HEAD AND NECK INFECTIONS

Bacterial Exacerbation of COPD

- Doxycycline 100 mg IV/PO q12h OR Azithromycin 500 mg IV/PO x1 + 250 mg IV/PO q24h

Acute Sinusitis // Watchful waiting first,

- Amoxicillin 500 mg PO q8h if worsening

Peritonsillar Abscess

- Ampicillin/Sulbactam 3 g IV q6h +/- Vancomycin 1000 mg IV q8h

Pharyngitis

- Penicillin VK 500 mg PO BID

SEPSIS

Community Acquired Sepsis

- Vancomycin 1000 mg IV q8h + Ceftriaxone 2 g q24h OR Piperacillin/Tazobactam 4.5 g IV q8h OR Ertapenem 1g IV q24h *Piperacillin/Tazobactam requires loading dose and infusions over 4 hours

Fever in person who injects drugs

- Vancomycin 1000 mg IV q8h

Healthcare Acquired Sepsis

- Vancomycin 1000 mg IV q8h + Piperacillin/Tazobactam 4.5 g IV q8h OR Cefepime 2 g IV q12h OR Meropenem 1 g IV q8h WITH/WITHOUT Tobramycin 7 mg/kg IV q24h *Piperacillin/Tazobactam requires loading dose and infusions over 4 hours

SEXUALLY TRANSMITTED INFECTIONS

Gonorrhea

- If <150 kg, Ceftriaxone 500 mg IM. If ≥150 kg, Ceftriaxone 1000 mg IM

Chlamydia

- Doxycycline 100 mg PO BID

URINARY TRACT INFECTIONS

Uncomplicated Cystitis

- TMP-SMX 1 g DS PO BID x 3 days OR Nitrofurantoin 100 mg PO BID x 5 days

Acute Prostatitis

- Ciprofloxacin 500 mg PO BID OR TMP/SMX 1 g DS PO BID

Community-Acquired Pyelonephritis/Complicated UTI

- Ceftriaxone 1 g q24h

Reference:

Guidelines for Empiric Therapy: Adults | Infectious Diseases Management Program at UCSF

Adult Outpatient Treatment Recommendations | Antibiotic Use | CDC

Antibiotic Courses for Common Infections: Recommendations From the ACP - Practice Guidelines - American Family Physician (aafp.org)

Antimicrobial stewardship in hospital settings - UpToDate