

EMPIRIC ANTIBIOTIC GUIDELINES FOR COMMON INFECTIONS IN ADULTS AT BRIDGEPORT HOSPITAL and MILFORD CAMPUS 2019

- Developed by the Nutrition, Pharmacy & Therapeutics Committee based upon published recommendations and Bridgeport Hospital susceptibility data.
- Doses listed below are for normal renal function; pharmacists will adjust doses per renal function as per protocol.
- IV antibiotics will be converted to the recommended oral stepdown when the patient meets conversion criteria as per protocol.
- Empiric therapy should be streamlined pending identification and sensitivities of the offending pathogen

INFECTION	RECOMMENDED TREATMENT	BETA-LACTAM ALLERGY	RECOMMENDED ORAL STEPDOWN
Cellulitis	Oxacillin 2 gm IV Q4H OR Cefazolin 1 gm IV Q8H OR Vancomycin IV per protocol	Clindamycin 600 mg IV Q8H OR Vancomycin IV per protocol	Dicloxacillin 500 mg PO Q6H OR Doxycycline 100mg PO Q12H OR Clindamycin 300 mg PO Q8H
Decubitus Ulcer	Ampicillin-sulbactam 1.5 – 3 gm IV Q6H + Vancomycin IV per protocol	Ciprofloxacin 400 mg IV Q12H + Metronidazole 500 mg IV Q12H + Vancomycin IV per protocol	Amoxicillin-clavulanate 875 mg PO Q12H OR Ciprofloxacin 750 mg PO Q12H + Metronidazole 500 mg PO Q12H
Diabetic Foot	Ampicillin-sulbactam 1.5 – 3 gm IV Q6H + Vancomycin IV per protocol	Ciprofloxacin 400 mg IV Q12H + Metronidazole 500 mg IV Q12H + Vancomycin IV per protocol	Amoxicillin-clavulanate 875 mg PO Q12H ± Doxycycline 100mg Q12H OR Ciprofloxacin 750 mg PO Q12H + Metronidazole 500 mg PO Q12H
Gallbladder (cholecystitis, cholangitis, biliary sepsis or common duct obstruction) OR Intra-abdominal	Ceftriaxone 1gm IV Q24H + Metronidazole 500 mg IV Q12H	Ciprofloxacin 400 mg IV Q12H + Metronidazole 500 mg IV Q12H	Cefuroxime axetil 500 mg PO Q12H + Metronidazole 500 mg po Q12H OR Ciprofloxacin 500 mg po Q12H + Metronidazole 500 mg po Q12H
Line	Vancomycin IV per protocol	Vancomycin IV per protocol	Stepdown therapy not recommended. Streamline antimicrobial therapy per sensitivity of pathogen.
Meningitis Non-immunocompromised host	Ceftriaxone 2 gm IV Q12H ID Consult Recommended	ID Consult Recommended	Stepdown therapy not recommended.
Meningitis Immunocompromised host or > 50 yo	Ceftriaxone 2 gm IV Q12H + Ampicillin 2 gm IV Q4H + Vancomycin IV per protocol ID Consult Recommended	ID Consult Recommended	Stepdown therapy not recommended.
Neutropenic Fever	Cefepime 2 gm IV Q8H + Aminoglycoside IV per protocol + Vancomycin per protocol	Ciprofloxacin 400 mg IV Q12H + Aminoglycoside IV per protocol + Vancomycin per protocol	Ciprofloxacin 750 mg PO Q12H
Pancreatitis (severe, necrotizing)	Meropenem 1 gm IV Q8H	Ciprofloxacin 400 mg IV Q12H + Metronidazole 500 mg IV Q12H	Ciprofloxacin 500 mg PO Q12H + Metronidazole 500 mg PO Q12H
Pneumonia: Aspiration (community-acquired)	Ampicillin-sulbactam 1.5 gm IV Q6H OR Ceftriaxone 1g IV Q24H + azithromycin 500mg IV Q24H OR Clindamycin 600 mg IV Q8H	Clindamycin 600 mg IV Q8H	Amoxicillin-clavulanate 875 mg PO Q12H OR Clindamycin 300 mg PO Q8H
Pneumonia: Aspiration (nosocomial)	Cefepime 2gm IV Q8H ± Vancomycin IV per protocol	Ciprofloxacin 400 mg IV Q12H ± Vancomycin IV per protocol	Ciprofloxacin 500 mg PO Q12H
Pneumonia: Community Acquired	Ceftriaxone 1 gm IV Q24H + Azithromycin 500 mg IV Q24H	Moxifloxacin 400 mg IV Q24H	Cefuroxime axetil 500mg PO BID OR Azithromycin 250-500 mg po Q24H OR Moxifloxacin 400 mg PO Q24H

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INFECTION	RECOMMENDED TREATMENT	BETA-LACTAM ALLERGY	RECOMMENDED ORAL STEPDOWN
Pneumonia: ICU Admit, Hospital-acquired, ventilator-acquired or health-care associated (i.e.: nursing home)	<p align="center">ICU Admit: Piperacillin-tazobactam 4.5 gm IV Q6H + Vancomycin IV per protocol ± Aminoglycoside IV per protocol ± Azithromycin 500mg IV q24h</p> <p align="center">Non-ICU Admit: Cefepime 2gm IV Q8H + Vancomycin IV per protocol ± Azithromycin 500mg IV q24h</p>	Ciprofloxacin 400 mg IV Q12H + Vancomycin IV per protocol ± Aminoglycoside IV per protocol ± Azithromycin 500mg IV q24h	As per culture and sensitivity report
Pelvic Inflammatory Disease	<p>Outpatients: Ceftriaxone 250 mg IM x 1 + Doxycycline 100 mg PO Q12H x 10-14 days</p> <p>Inpatients: Clindamycin 900 mg IV Q8H + Gentamicin IV as per protocol</p>	Clindamycin 900 mg IV Q8H + Gentamicin IV as per protocol	Doxycycline 100 mg PO Q12H x 14 days
Post-operative Wound Infection -abdominal infection	<p>Vancomycin IV per protocol OR</p> <p>Ceftriaxone 1gm IV Q24H + Metronidazole 500mg IV Q12H + Vancomycin IV per protocol</p>	<p>Vancomycin IV per protocol OR</p> <p>Ciprofloxacin 400mg IV Q12H + Metronidazole 500mg IV Q12H + Vancomycin IV per protocol</p>	<p>Cephalexin 500 mg PO Q6H + metronidazole 500mg Q12H OR</p> <p>Clindamycin 300 mg PO Q8H</p>
Sepsis (w/o an obvious source)	<p align="center">ICU Admit: Piperacillin-tazobactam 4.5 gm IV Q6H + Vancomycin IV per protocol ± Aminoglycoside IV per protocol</p> <p align="center">Non-ICU Admit: Cefepime 2gm IV Q8H ± Vancomycin IV per protocol ± Aminoglycoside IV per protocol</p>	Ciprofloxacin 400 mg IV Q12H + Vancomycin IV per protocol ± Aminoglycoside IV per protocol	Ciprofloxacin 500 mg PO Q12H
Urinary Tract Infections (community acquired)	Ceftriaxone 1gm IV q24h	Ciprofloxacin 400mg IV Q12H OR Bactrim PO (1-2 DS tabs q12h or liquid equivalent)	Cefuroxime axetil 500 mg PO Q12H OR Nitrofurantoin 100mg PO Q12H OR Ciprofloxacin 500 mg PO Q12H OR Bactrim PO (1-2 DS tabs q12h)
Urinary Tract Infections (nosocomial/ NH acquired)	Cefepime 2 gm IV Q8H ± Gentamicin IV per protocol	Ciprofloxacin 200-400 mg IV Q12H ± Aminoglycoside IV per protocol	Cefuroxime axetil 500 mg PO Q12H OR Nitrofurantoin 100mg PO Q12H OR Ciprofloxacin 500 mg PO Q12H OR Trimethoprim/sulfamethoxazole PO (1-2 DS tabs q12h)
Uncomplicated cervicitis, urethritis Treat for both GC and non-GC Gonococcal Infections Non-gonococcal infections	<p>Ceftriaxone 250 mg IM x 1</p> <p align="center">PLUS</p> <p>Azithromycin 1 gm PO x 1 OR Doxycycline 100 mg PO Q12H x 7 days</p>	Azithromycin 2 gm PO X 1 + Gentamicin 240mg IM x 1	N/A