SITE	Empiric treatment – No PCN allergy	Empiric treatment – PCN rash	Empiric treatment PCN severe (anaphylaxis)
Community Acquired Pneumonia **Risk factor:** Prior isolation of MRSA or Pseudomonas in the last year	**NON ICU** Ceftriaxone 1g IV q 24h + Azithromycin 500mg IV/PO daily x 3 days **ICU** Ceftriaxone 1g IV q 24h + Azithromycin 500mg IV q 24h **Pseudomonas Risk** Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h **Add Vancomycin if MRSA suspected**	**NON ICU** Ceftriaxone 1g IV q 24h + Azithromycin 500mg IV/PO daily x 3 days **ICU** Ceftriaxone 1-2g IV q 24h + Azithromycin 500mg IV q 24h **Pseudomonas Risk** Cefepime 2g IV q 8h **Add Vancomycin if MRSA suspected**	**NON ICU** Levofloxacin 750mg IV/PO q 24hx 5 days **ICU** Levofloxacin 750mg IV q 24h + Aztreonam 2g IV q 8h **Add Vancomycin if MRSA suspected**
CNS infections	Ceftriaxone 2g IV q 12h + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add ampicillin 2g IV q 4h Dexamethasone 10mg IV q 6h x 4 days (15 to 20 min prior to or with antibiotics) Do not start if >4 hrs from start of antibiotics. D/C if not pneumococcal meningitis If signs of encephalitis: Add Acyclovir 10mg/kg IV q 8h (IV fluids)	Ceftriaxone 2g IV q 12h + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add TMP-SMX 5mg/kg (TMP) IV q 6h Dexamethasone 10mg IV q 6h x 4 days (15 to 20 min prior to or with antibiotics) Do not start if >4 hrs from start of antibiotics. D/C if not pneumococcal meningitis If signs of encephalitis: Add Acyclovir 10mg/kg IV q 8h (IV fluids)	**Call ID consult:** Levofloxacin 750mg IV q 24h (or Ciprofloxacin 400mg IV q 8h) + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add TMP-SMX 5mg/kg (TMP) IV q 6h Dexamethasone 10mg IV q 6h x 4 days (15 to 20 min prior to or with antibiotics) Do not start if >4 hrs from start of antibiotics. D/C if not pneumococcal meningitis If signs of encephalitis: Add Acyclovir 10mg/kg IV q 8h (IV fluids)
Febrile Neutropenia	Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h ± 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.	Cefepime 2g IV q 8h ± 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.	Levofloxacin 750mg IV q 24h + Aztreonam 2g IV q 8h + Vancomycin IV
Community Acquired **Intra-abdominal** **Appendicitis** **Choleycystitis** **Diverticulitis**	Ceftriaxone 1g IV q 24h + Metronidazole 500mg IV q 8-12h	Ceftriaxone 1g IV q 24h + Metronidazole 500mg IV q 8-12h	Aztreonam 2g IV q 8h + Metronidazole 500mg IV q 8-12h + Vancomycin Ertapenem with ID approval
Health-Care **Associated** **Severe** **Intra-abdominal** **Infections**	Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h	Cefepime 2g IV q 12h + Metronidazole 500mg IV q 8-12h	Aztreonam 2g IV q8h + Metronidazole 500mg IV q 8-12h + Vancomycin IV
Skin & Soft Tissue Infection Duration: 5-10 days depending on response	**Nonpurulent cellulitis** Cefazolin 1-2 gm IV q8h **Purulent Cellulitis** Vancomycin IV **Severe (r/o necrotizing infections)** Surgical Consult Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h + Vancomycin (or linezolid 600mg IV q 12h ID approval)	**Nonpurulent cellulitis** Cefazolin 1-2 gm IV q8h **Purulent Cellulitis** Vancomycin IV **Severe (r/o necrotizing infections)** Surgical Consult Meropenem 1g IV q 8h (ID approval) + Vancomycin (or linezolid 600mg IV q 12h ID approval)	**Nonpurulent cellulitis** Vancomycin IV **Purulent Cellulitis** Vancomycin IV **Severe (r/o necrotizing infections)** Surgical Consult Levofloxacin 750mg IV q24h (or Ciprofloxacin 400mg IV q 8h) + Metronidazole 500mg IV q 8-12h + Vancomycin IV (or linezolid 600mg IV q 12h ID approval)

UTI	Review previous urinary culture results **Low risk of ESBL** Ceftriaxone 1g IV q 24h **History of ESBL – Severe Infection** Ertapenem 1g IV q 24h	Review previous urinary culture results **Low risk of ESBL** Ceftriaxone 1g IV q 24h **History of ESBL – Severe Infection** Ertapenem 1g IV q 24h	Review previous urinary culture results **Low risk of ESBL** Gentamicin IV or Aztreonam 1g IV q 8h or TMP-SMX 160mg TMP IV q 12h or Ciprofloxacin 400mg IV q 12h **History of ESBL – Severe Infection** Call ID for recommendations

5/2023