

Indication	No Antibiotic Allergies	Penicillin allergy – rash	Penicillin allergy – anaphylaxis	Comments
Acute Sinusitis ¹ (Symptoms lasting 4-12 weeks)	Amoxicillin-clavulanic acid 875 mg PO BID x5-7 days	Doxycycline hyclate tablets 100 mg PO BID x5-7 days	Doxycycline hyclate tablets 100 mg PO BID x5-7 days	Use antibiotics when: <ul style="list-style-type: none"> Onset with persistent symptoms (purulent mucus) lasting >10 days and not improving Onset with severe symptoms for at least 3-4 days (high fever >39°C/102°F, purulent nasal discharge) Viral symptoms that appear to improve but then suddenly worsen around days 5-6 (“double sickening”) Non-pharmacologic recommendations: <ol style="list-style-type: none"> Saline nasal irrigations Intranasal corticosteroids (if hx allergic rhinitis) No topical or oral decongestants or antihistamines are recommended
Pharyngitis ² Group A Streptococcus	Penicillin VK 500 mg PO BID x10 days or Amoxicillin 500 mg PO BID x10 days	Cephalexin 500 mg PO BID x10 days	Clindamycin 300 mg PO TID x10 days Azithromycin 500 mg PO daily x1, 250 mg PO daily x4 days	Non pharmacologic recommendations: <ol style="list-style-type: none"> APAP NSAID
Bronchitis Acute	Routine antibiotic treatment for uncomplicated bronchitis is NOT recommended, regardless of duration of cough			
Pneumonia ³	Cefuroxime axetil 500 mg PO BID + Azithromycin 500 mg x1 day, 250 mg/day x4 days or Amoxicillin-clavulanic acid 875 mg PO BID x5-7 days AND Azithromycin 500 mg x1 day, 250 mg/day x4 days	Cefuroxime axetil 500 mg PO BID x5-7 days + Azithromycin 500 mg x1 day, 250 mg/day x4 days	Levofloxacin 750 mg PO daily x5 days	Non-pharmacologic recommendations: <ol style="list-style-type: none"> Oral hydration.
Uncomplicated ⁴ cystitis (well-controlled DM/elderly)	Creatinine clearance >30 ml/min Nitrofurantoin (Macrobid) 100 mg PO BID x5 days TMP-SMX 1 DS PO BID x3 days (lower sensitivity rate) Creatinine clearance <30 ml/min Cephalexin capsules 500 mg PO q8h x7 days	Creatinine clearance >30 ml/min Nitrofurantoin (Macrobid) 100 mg PO BID x5 days TMP-SMX 1 DS PO BID x3 days (lower sensitivity rate) Creatinine clearance <30 ml/min Cephalexin capsules 500 mg PO q8h x7 days	Creatinine clearance >30 ml/min Nitrofurantoin (Macrobid) 100mg PO BID x5 days TMP-SMX 1 DS PO BID x3 days (lower sensitivity rate) Creatinine clearance <30 ml/min, >10 ml/min Fosfomycin 3 g PO x1	Non-pharmacologic recommendations: Oral hydration If Pyridium is used, should only be used for 48 hours.
Uncomplicated ⁴ pyelonephritis	Ciprofloxacin 500 mg PO BID x7 days Levofloxacin 750 mg PO daily x5 days TMP-SMX DS PO BID x14 days Amoxicillin-clavulanic acid 500 mg/125 mg PO BID x10-14 days	Ciprofloxacin 500 mg PO BID x10 days Levofloxacin 750 mg PO daily x5 days TMP-SMX DS PO BID x14 days Cefpodoxime proxetil 200 mg PO BID x10-14 days	Ciprofloxacin 500 mg PO BID x7 days Levofloxacin 750 mg PO daily x5 days TMP-SMX DS PO BID x14 days	
Purulent Cellulitis ⁵	TMP-SMX DS 1-2 PO BID x5 days (consider higher dose in obesity)	Sulfa allergy: Doxycycline hyclate tabs 100 mg PO BID x5 days	Sulfa/doxy allergy: Clindamycin 300 mg PO 4 times/daily x5 days	Antibiotics may not be needed with adequate I/D and no signs of systemic symptoms (SIRS).
Nonpurulent Cellulitis ⁶	Cephalexin capsules ⁶ <60 kg – 500 mg PO 4 times daily 60-80 kg – 1 g PO 3 times daily >80 kg – 1 g PO 4 times daily Or Dicloxacillin 500 mg PO 4 times/day x5 days	Cephalexin capsules <60 kg – 500 mg PO 4 times daily 60-80 kg – 1 g PO 3 times daily >80 kg – 1 g PO 4 times daily x5 days	Clindamycin 300 mg PO 4 times/daily x5 days	Non-pharmacologic recommendations: Elevation of affected area Examine interdigital toe spaces and treat with topical antifungals if indicated.

References

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- Shulman ST et al. Clin Infect Dis 2012;55(10):e86-102.
- Metlay JP et al. Am J Respir Crit Care Med 2019;200:e45-e67.
- Gupta K et al. Clin Infect Dis 2011;52(5):e103-120.
- Stevens DL et al. Clin Infect Dis 2014;59(2):e-10-52.
- Pallin DJ et al. Clin Infect Dis 2013;56(12):1754-62.