SITE	Empiric treatment – No PCN allergy	Empiric treatment – PCN rash	Empiric treatment PCN severe (anaphylaxis)
Community Acquired Pneumonia **Duration:** **5-7 days**	**NON ICU** Ceftriaxone 1 g IV q24h + Azithromycin 500 mg IV/PO q24h x 3 days **ICU** Ceftriaxone 1 g IV q24h + Azithromycin 500 mg IV q24h **Pseudomonas Risk** Zosyn 4.5 g x 1 dose over 30 minutes, then 3.375 g IV over 4 h q8h Add Vancomycin if MRSA suspected	**NON ICU** Ceftriaxone 1 g IV q24h + Azithromycin 500 mg IV/PO q24h x 3 days **ICU** Ceftriaxone 1 g IV q24h + Azithromycin 500 mg IV q24h **Pseudomonas Risk** Cefepime 2 g IV q8h Add Vancomycin if MRSA suspected	**NON ICU** Levofloxacin 750 mg IV/PO q24h x 5 days **ICU** Levofloxacin 750 mg IV q24h + Aztreonam 2 g IV q8h Add Vancomycin if MRSA suspected
CNS infections Meningitis **Duration: Dependent on pathogen** **Encephalitis**	Ceftriaxone 2 g IV q12h + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add ampicillin 2 g IV q4h 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 If signs of encephalitis: Add Acyclovir 10 mg/kg IV q8h (IV fluids)	Ceftriaxone 2 g IV q12h + Vancomycin IV ≥50 years, pregnancy, or immunocompromised TMP-SMX 5 mg/kg (TMP) IV q6h Dexamethasone 10 mg IV q6h x 4 days (15 to 20 min prior to or with antibiotics) Do not start if >4 hou rs from start of antibiotics. D/C if not pneumococcal meningitis If signs of encephalitis: Add Acyclovir 10 mg/kg IV q8h (IV fluids)	**Call ID consult:** Levofloxacin 750 mg IV q24h (or ciprofloxacin 400 mg IV q8h) + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add TMP-SMX 5 mg/kg (TMP) IV q6h 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 If signs of encephalitis: Add Acyclovir 10 mg/kg IV q8h (IV fluids)
Febrile Neutropenia	Zosyn 4.5 g x 1 dose over 30 minutes, then 3.375 g IV over 4h 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.	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.	Levofloxacin 750 mg IV q24h + Aztreonam 2 g IV q8h + Vancomycin IV
Community Acquired Intra-abdominal **Duration:** **24 hours post removal of appendix/gallbladder** **4-7 days with source control**	Ceftriaxone 1 g IV q24h + Metronidazole 500 mg IV q8h	Ceftriaxone 1 g IV q24h + Metronidazole 500 mg IV q8h	Aztreonam 2 g IV q8h + Metronidazole 500 mg IV q8h + Vancomycin Ertapenem with ID approval (<1% risk of cross-reactivity)
Health-Care Associated Severe Intra-abdominal Infections	Zosyn 3.375 g x 1 dose over 30 minutes, then 3.375 g IV over 4h q8h	Cefepime 2 g IV q12h + Metronidazole 500 mg IV q8h	Aztreonam 2 g IV q8h + Metronidazole 500 mg IV q8h + Vancomycin
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 4.5 g x 1 dose over 30 minutes, then 3.375 g IV over 4h q8h + Vancomycin (or linezolid 600 mg IVq 12h ID approval)	**Nonpurulent cellulitis** Cefazolin 1-2 gm IV q8h **Purulent Cellulitis** Vancomycin IV Severe (r/o necrotizing infections) Surgical Consult Meropenem 1 g IV q8h (ID approval) + Vancomycin (or linezolid 600 mg IV q12h ID approval)	**Nonpurulent cellulitis** Vancomycin IV **Purulent Cellulitis** Vancomycin IV 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)
Complicated UTI **Duration:** **3-7 days depending on antibiotic choice, patient response, and upper or lower tract infection**	Review previous urinary culture results **Low risk of ESBL** Ceftriaxone 1 g IV q24h **History of ESBL – Severe Infection** Ertapenem 1 g IV q24h Consider the addition of gentamicin IV in patients with severe sepsis or history of resistant pathogens and creatinine clearance >30 ml/min	Review previous urinary culture results **Low risk of ESBL** Ceftriaxone 1 g IV q24h **History of ESBL – Severe Infection** Ertapenem 1 g IV q24h Consider the addition of gentamicin IV in patients with severe sepsis or history of resistant pathogens and creatinine clearance >30 ml/min	Review previous urinary culture results **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 **History of ESBL – Severe Infection** Call ID for recommendations Consider the addition of gentamicin IV in patients with severe sepsis or history of resistant pathogens and creatinine clearance >30 ml/min