

# EMPIRIC ANTIBIOTIC GUIDELINE / PHYSICIAN ORDER

INPATIENT	WHEN CLINICALLY STABLE: Oral Conversion or Outpatient (use sensitivities)
<b>RESPIRATORY TRACT INFECTION</b>	
<b>COMMUNITY-ACQUIRED/MODERATELY ILL NON-ICU PATIENTS:</b> (typical / atypical bacteria suspected)  <input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q day PLUS Azithromycin (Zithromax) 500 mg po Q day x 5 doses	<input type="checkbox"/> Doxycycline 100 mg po BID (for Strep. Pneumon) OR <input type="checkbox"/> Augmentin 500 mg po TID OR For high-risk patients, i.e., COPD or younger: <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg po Q day
<b>COMMUNITY ACQUIRED/CRITICALLY ILL ICU PATIENT:</b> (typical or atypical bacteria suspected): <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg Q day (pharmacy to adjust dose based on serum creatinine) OR <input type="checkbox"/> Cefepime (Maxipime) 2 gm IV BID PLUS Azithromycin (Zithromax) 500 mg IV Q day	<input type="checkbox"/> Levofloxacin 500 mg po Q day  <input type="checkbox"/> Doxycycline 100 mg po BID (for Strep. Pneumon)
<b>ASPIRATION SUSPECTED:</b> <input type="checkbox"/> Ceftriaxone 1 gm IV Q day PLUS Clindamycin 900 mg IV Q8h OR <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) 4.5 gm IV Q8h	<input type="checkbox"/> Augmentin 500 mg po TID
<b>NOSOCOMIAL:</b> <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) 4.5 gm IV Q8h OR <input type="checkbox"/> Cefipime (Maxipime) 2 gm IV BID <b>MAY ADD IF PESUDOMONAS SUSPECTED:</b> <input type="checkbox"/> Tobramycin 7 mg/kg IV x1, then per pharmacy protocol (serum creat. 1.8 or > give 3 mg/kg)	<input type="checkbox"/> Levofloxacin (Levaquin) 500 mg po Q day
<b>ABDOMINAL TRACT INFECTION</b>	
<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q day <b>PLUS</b> Metronidazole (Flagyl) 500 mg IV Q8h OR <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) 4.5 gm IV Q8h <b>MAY ADD IF PSEUDOMONAS SUSPECTED:</b> <input type="checkbox"/> Tobramycin 7 mg/kg IV x1, then per pharmacy protocol (serum creat. 1.8 or > give 3 mg/kg)	
<b>NOSOCOMIAL: C-difficile toxin positive</b> May add to antibiotic regimen <input type="checkbox"/> Flagyl 500 mg po q 8 h x 10 days <input type="checkbox"/> Lactobacillus Acidophilus 2 capsules po bid <input type="checkbox"/> Vancomycin oral sol'n 125 mg po q 6 h x 10 days <input type="checkbox"/> Lactobacillus Acidophilus 2 pkts po bid <input type="checkbox"/> Flagyl IV loading dose 1 Gm IVPB, then 500 mg IVPB q 8 h *In severe cases, may combine IV Flagyl with po Vancomycin	
<b>URINARY TRACT INFECTION</b>	
<b>UTI:</b> (Trimethoprim/Sulfa DS and Levofloxacin [Levaquin] both may increase INR—monitor closely while on Coumadin)	
<input type="checkbox"/> Trimethoprim/Sulfa DS (Septra DS) 1 tab po BID OR <input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q day	<input type="checkbox"/> Trimethoprim/Sulfa DS (Septra DS) 1 tab po BID OR <input type="checkbox"/> Augmentin 500 mg po TID
<b>NOSOCOMIAL:</b> Cefepime 2 GM Q 12h	See C/S results for appropriate agent
<b>UROSEPSIS:</b> <input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q day <b>MAY ADD:</b> <input type="checkbox"/> Tobramycin 7 mg/kg IV x1, then per pharmacy protocol (serum creat. 1.8 or > give 3 mg/kg)	<input type="checkbox"/> Levofloxacin (Levaquin) 500 mg po Q day
<b>SOFT TISSUE INFECTION</b>	
<b>CELLULITIS:</b> (Uncomplicated, non-complicated, non-diabetic): <b>CHOOSE ONE</b> <input type="checkbox"/> Cefazolin (Ancef) 1 gm IV Q8h OR <input type="checkbox"/> Nafcillin 2 gm IV Q4h <b>MAY ADD: Clindamycin 900 mg IV Q8h for either if not resolving, e.g. toxin-producing strep</b>	
<b>METHICILLIN RESISTANT STAPH (MRSA):</b> <input type="checkbox"/> Vancomycin 1 gm Q12h per pharmacy protocol OR <input type="checkbox"/> Linezolid (Zyvox) 600 mg IV Q12h (for MRSA pneumonia)	<input type="checkbox"/> Cephalexin (Keflex) 500 mg po QID OR <input type="checkbox"/> <b>Dicloxacillin (Dynapen) 500 mg po QID</b> <input type="checkbox"/> Trimethoprim/Sulfamethoxazole DS (Bactrim DS) TID OR <input type="checkbox"/> Minocycline (Dynacin) 100 mg Q12h In certain circumstances Linezolid (Zyvox) po may be required.
<b>SEVERE SOFT TISSUE INFECTION:</b> (e.g. diabetic foot, wounds, decubitus): <b>Choose One:</b> <input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q day <b>PLUS</b> Clindamycin (Cleocin) 900 mg 900 mg IV Q8h OR <input type="checkbox"/> Ertapenem (Invanz) 1 gm IV Q day <b>DO NOT USE FOR SEVERE PENICILLIN ALLERGY</b> <b>MAY ADD TO ALL ABOVE REGIMEN:</b> <input type="checkbox"/> Tobramycin 7 mg/kg IV once, then per pharmacy protocol serum creat. 1.8 or > give 3 mg/kg)	
<b>IF PO'S TOLERATED:</b> May add to all above regimens: <input type="checkbox"/> Lactobacillus Acidophilus 1 capsule po bid <input type="checkbox"/> Lactobacillus Acidophilus 1 packet po / g-tube BID	

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Transcriber Signature: \_\_\_\_\_