Sample Guidelines and Costs

Guidelines and costs for empiric inpatient antibiotic usage:

(These are recommendations; they are not designed to replace clinical judgment, or known organism ID and sensitivities.) *05/01/11*

Note: Doses are based on normal creatinine clearance

1. Community acquired pneumonia: ceftriaxone 1 gram iv q 24 h plus po or iv azithromycin 500 mg q day (or doxycycline 100mg po/iv q 12h if not in ICU). Penicillin allergic: levofloxacin 500mg iv/po q d. (the preferred moxifloxacin 400mg iv/po qd is not on our formulary today).

2. Health care associated pneumonia (or at risk for MDR pathogens): **Risks**: nursing home, dialysis, wound care, hospitalized in last 90 days, or inpatient greater than 48 hours. **Not risks**: group homes, rehab, psych or recent ABx use. Pip/tazo 4.5 iv q 6 hours or Cefepime 2 grams iv q 8h. If + MRSA add vancomycin 1 gram iv q 12 (check trough levels).

3. Intraabdominal infections: mild-cefazolin 2gm a8h plus metronidazole 500mg iv q8h, severe or nosocomial -pip/tazo 4.5 g q 6h

4. SBP: ceftriaxone 1g q 24h.

5. Pseudomonal infections: Pip/tazobactam 4.5g iv q6h **or** cefepime 2g iv q 8h

6. Diabetic foot infection (not osteo): Mild: amp/sulbactam 3g iv q 6h **or** pip/tazobactam 4.5g iv q6h. Consider vancomycin if MRSA + Pen allergic: ciprofloxacin 500 mg po bid **plus** clindamycin 450mg po qid., for beta-lactam allergy: cipro 400mg IV q12 plus clindamycin 900mg iv q8h.

7. Uncomplicated pyelonephritis: ciprofloxacin 400mg iv q 12h, switch to po ciprofloxacin 500mg po bid as soon as taking orals, for 7d total.

Caveat: Catheter UTIs: need to meet criteria of fever, elevated wbc or suprapubic pain. Do not treat **asymptomatic bacteriuria (even in presence of pyuria) in a catherized patient.

8. Cellulitis: **erysipelas/non purulent** cefazolin 2 grams iv q 8h); upon discharge po cephalexin 500mg qid or amox/clavulanate 875mg bid for 7-10d.

Pen allergic or purulent cellulitis/abscess vancomycin 1 g iv q 12h (or clindamycin 900mg iv q 8h if organism susceptible). Can discharge on bactrim 1 DS po bid or clindamycin 450 mg po QID if MRSA is susceptible.