

Preferred Antimicrobial List for Selected Disease States in Adults

Please Note: This table is only a guide, designed to assist healthcare providers in selecting an appropriate, empiric antimicrobial regimen and may or may not be appropriate for all patients. Ultimately the antibiotic course depends upon culture results and the patient's clinical course. For additional information, please contact the pharmacy.

Disease State	Common Pathogens		Adult Empiric Therapy*	Duration of Therapy
C difficile ¹	Initial episode: Mild, Moderate, severe		Vancomycin 125 mg PO Q6 hours	10 days
	Initial episode: fulminant		Vancomycin 500 mg PO Q6 hours + Metronidazole 500 mg IV Q8 hours	10 – 14 days
	First recurrence		Vancomycin 125 mg PO Q6 hours x 10-14 days THEN prolonged taper and pulsed dosed regimen for 2-8 weeks	See empiric therapy column
	Second or subsequent recurrences		Vancomycin 125 mg PO Q6 hours x 10-14 days THEN prolonged taper and pulsed dosed regimen for 2-8 weeks	See empiric therapy column
Diabetic Foot Infections ²	Polymicrobial: β-hemolytic Strep <i>S. aureus</i> <i>Pseudomonas</i> Gram-negative rods Anaerobes		Ampicillin/Sulbactam 3 gm IV Q6 hours or If <i>Pseudomonas</i> concern: Piperacillin/Tazobactam extended infusion 3.375gm IV Q8 hours +/- if MRSA concern Vancomycin (20-25 mg/kg load plus RX to dose)	Patient and pathogen dependent
Intra-abdominal Infections ³	Abscess Cholecystitis Diverticulitis	<i>Enterococcus</i> <i>Enterobacteriaceae</i> <i>Anaerobes</i>	Mild to moderate: Ceftriaxone 1 gm IV Q24 hours + Metronidazole 500 mg PO Q12 hours OR Severe: Piperacillin/Tazobactam extended infusion 3.375gm IV Q8 hours	After source control: 4-7 days Abscess: Varies based on patient response
Meningitis ⁴ (COMMUNITY ACQUIRED)	Age <50 yrs	<i>S. pneumoniae</i> <i>N. meningitidis</i>	Ceftriaxone 2 gm IV Q12 hours + Vancomycin (20-25 mg/kg load plus RX to dose) +/- Ampicillin 2gm IV Q4 hours if <i>Listeria</i> concern	Patient and pathogen dependent
	Age >50 yrs	<i>S. pneumoniae</i> <i>N. meningitidis</i> <i>Listeria</i>	Ceftriaxone 2gm IV Q12 hours + Vancomycin (20-25mg/kg load plus Rx to Dose) + Ampicillin 2gm IV Q4 hours	
Neutropenic Fever ⁵	<i>S. epidermidis</i> <i>K. pneumoniae</i> <i>P. aeruginosa</i> <i>S. aureus</i> <i>E. coli</i>		Zosyn 3.375 gm IV Q8 hours +/- Vancomycin (20-25mg/kg load plus Rx to Dose) +/- Levofloxacin 750 mg IV Q24h	Continue until neutropenia subsides (ANC ≥ 500 cells/mm ³) and afebrile or longer if clinically necessary depending on symptoms and pathogens
Pneumonia ⁶⁻¹⁰	Community-Acquired (CAP)	<i>S. pneumoniae</i> <i>M. pneumoniae</i> <i>C. pneumoniae</i> <i>H. influenzae</i>	Ceftriaxone 1 gm IV Q24 hours + Azithromycin 500 mg IV/PO daily Cephalosporin allergy: Non-ICU: Levofloxacin 750 mg IV/PO Q24 hours ICU: Aztreonam 1gm IV Q8 hours + Levofloxacin 750 mg IV/PO Q24 hours	5 days Longer courses may be clinically necessary depending on symptoms and pathogens
	Aspiration	Anaerobes	Ampicillin/Sulbactam 3gm IV Q6 hours OR Clindamycin 600mg IV Q8 hours OR Metronidazole 500mg IV Q6 hours + Ceftriaxone 1gm IV Q24 hours OR if cephalosporin allergy Levofloxacin 750 mg IV Q24 hours	5 days

Disease State	Common Pathogens		Adult Empiric Therapy*	Duration of Therapy
Pneumonia ⁶⁻¹⁰	Hospital-Acquired (HAP)/ Ventilator-Associated (VAP)	<i>P. aeruginosa</i> <i>K. pneumoniae</i> <i>Acinetobacter</i> <i>S. aureus</i> (MRSA)	Piperacillin/Tazobactam 3.375gm IV Q8 hours OR Ceftriaxone 2 gm IV Q8 hours +/- (if MRSA likely): Vancomycin (20-25 mg/kg load plus RX to dose) +/- (Consider adding if patient has high risk of mortality or has received IV antibiotics during the previous 90 days): Amikacin RX to dose OR Tobramycin RX to dose OR Levofloxacin 750mg IV daily	7 days
Septic Joint ¹¹	STD risk: <i>N. gonorrhoeae</i> , <i>S. aureus</i> , <i>Streptococcus</i> Low STD risk: <i>S. aureus</i>		Ceftriaxone 1g IV Q24 hours + Vancomycin (20-25 mg/kg load plus Rx to dose) +/- Azithromycin 1gm PO once if STD risk to cover <i>Chlamydia trachomatis</i>	Patient and pathogen dependent
SSTI: Cellulitis and Erysipelas ¹²	Non-Purulent/ Erysipelas	β-hemolytic streptococcus <i>S. aureus</i>	Mild to Moderate: Cefazolin 1gm IV Q8 hours OR Nafcillin 1gm IV Q4 hours Severe: Vancomycin (20-25 mg/kg load plus pharmacy protocol)+ Piperacillin/Tazobactam extended infusion 3.375gm IV Q8 hours	Uncomplicated: 5 days Abscess/Complicated: 7-10 days
	Purulent/ Abscess or Risk of MRSA	<i>S. aureus</i>	Vancomycin (20-25 mg/kg load plus pharmacy protocol)	Longer courses may be clinically necessary depending on symptoms and pathogens
Urinary Tract Infections ¹³	Cystitis	<i>E. coli</i> <i>Proteus</i> <i>Klebsiella</i> <i>Enterococcus</i>	Uncomplicated: Nitrofurantoin 100 mg PO BID OR Cephalexin 500 mg PO Q6 hours if resistance or allergy Complicated: Ampicillin 2gm IV Q6 hours + Gentamicin 5mg/kg IV Q24 hour (or per pharmacy protocol) OR Piperacillin/Tazobactam extended infusion 3.375gm IV Q8 hours	Uncomplicated: 3-5 days Complicated: 7-10 days Complicated with structural abnormalities or pyelonephritis: 14 days
	Pyelonephritis		Ceftriaxone 1 gm IV Q24 hours	

All dosing assumes normal renal and hepatic function Adult Empiric Therapy

References: ¹IDSA/SHEA C difficile Guidelines. CID 2018; 66:987-994. ²Diagnosis and treatment of diabetic foot infections. CID 2012; 54: e132-73. ³Intra-abdominal infection guidelines. CID 2010; 50: 133-164. ⁴Guidelines for bacterial meningitis. CID 2004; 39: 1267-84. ⁵IDSA guidelines on Antimicrobial agent in Neutropenic Patients. CID 2011; 52:62-111. ⁶IDSA/ATS guidelines on CAP in adults. CID 2007; 44: S27-72. ⁷ATS, IDSA. Guidelines for adults with HAP, VAP, HCAP pneumonia. Am J Respir Crit Care Med 2005; 171: 388-416. ⁸Management of Adults With Hospital-acquired and Ventilator-associated Pneumonia: 2016 Clinical Practice Guidelines by the Infectious Diseases Society of America and the American Thoracic Society. Clin Infect Dis. 2016 Sep 1;63(5):e61-e111. ⁹Gross AE et al. Epidemiology and Predictors of Multidrug-Resistant Community-Acquired and Health Care-Associated Pneumonia. Antimicrob Agents Chemother. 2014; 58(9):5262. ¹⁰Attridge RT, et al. Health care-associated pneumonia in the intensive care unit: Guideline-concordant antibiotics and outcomes. J Crit Care. 2016 Aug 11. doi:10.1016/j.jcrc.2016.08.004. [Epub ahead of print]. ¹¹Guidelines for the diagnosis and management of prosthetic joint infection. CID 2013; 56: 1-25. ¹²Guidelines SSTI infections. CID 2014; 59: 10-52. ¹³Guidelines for uncomplicated acute bacterial cystitis and acute pyelonephritis in women. CID 2011; 52:e103-2.



2019 AntibioGram

Based on culture and sensitivity data pulled from inpatients only and collected from January 1, 2018 to December 31, 2018



2019 Antibiogram

Organism	Number of isolates*	Aminoglycosides			Carbapenems		Cephalosporins					Penicillins					Quinolones		Miscellaneous														
		Amikacin	Gentamicin	Tobramycin	Ertapenem	Meropenem	Cefazolin	Cefepime	Cefoxitin	Ceftazidime	Ceftriaxone	Cefuroxime	Amox/Clav	Ampicillin	Ampicillin/ Sulbactam	Aztreonam	Oxacillin	Penicillin	Pip/Tazo	Ciprofloxacin	Levofloxacin	Clindamycin	Daptomycin	Erythromycin	Linezolid	Nitrofurantoin**	Rifampin***	Tetracycline	Trimethoprim/ Sulfamethoxazole	Vancomycin			
		Percent Susceptible																															
Gram-Negative	<i>Acinetobacter baumannii</i>	42	76	67	71		71		55		71	37				67				42	57										60		
	<i>Enterobacter cloacae</i>	60	100	98	98	100	100	0	97	0	92	87	0		0	0	92			97	93	95								86	92		
	<i>Escherichia coli</i>	346	100	91	91	100	100	86	100	93	99	100	89		49	52	100			97	60	60				96			71	68			
	<i>Escherichia coli ESBL</i>	78	97	82	63	96	100	0	0	82	0	0	0		0	29	0			93	16	16				85		46	31				
	<i>Haemophilus influenzae</i>	32										100	100		84											100			63				
	<i>Klebsiella oxytoca</i>	35	100	97	100	100	100	46	100	97	100	97	86		3	71	97			97	100	100				100		97	97				
	<i>Klebsiella pneumoniae</i>	151	100	97	98	100	100	96	100	92	100	100	91		0	84	100			97	96	97				52		85	89				
	<i>Morganella morganii</i>	32	100	73	90	100	100	0	100	74	80	100	0		0	3	91			100	72	83						43	73				
	<i>Proteus mirabilis</i>	87	99	91	89	100	100	76	100	90	98	100	93		71	75	99			100	57	74				0		0	76				
	<i>Pseudomonas aeruginosa</i>	220	95	80	91		82		79		79						69			90	73	72											
	<i>Serratia marcescens</i>	36	100	97	77	100	100	0	100	0	56	85	0		0	0	71			74	94	100							12	94			
<i>Stenotrophomonas maltophilia</i>	34									32										69									100				
Gram-Positive	<i>Enterococcus faecalis</i>	212												100				100		69	73				100		21		100				
	<i>Staphylococcus aureus MSSA</i>	243		98							100		100	0	98		100	0		77	78	80		53		97	94	99	100				
	<i>Staphylococcus aureus MRSA</i>	528		98							0		0	0	0		0	0		20	21	64	100	11	100		99	94	96	100			
	<i>Staphylococcus epidermidis</i>	129		68							23		23	0	23		23	0		34	35	46		18		94	87	37	100				
	<i>Staphylococcus hominis</i>	36		83							31		33		31		31	0				38		18		100	58	53	100				
	<i>Streptococcus agalactiae group b</i>	72																	100		95											100	

*=Maximum number of isolates tested; **=indicated for UTI only; ***=should not be used as monotherapy