

## PREFERRED INITIAL ANTIMICROBIAL RECOMMENDATIONS FOR SPECIFIC DISEASE STATES

**Note:** This table was developed to provide a list of preferred drugs for use in treating patients at MDMH. This table was developed utilizing MDMH's current antibiogram and in accordance with local antimicrobial resistance patterns. This table is only intended as a guide to antimicrobial selection and dosing regimen. Choice of antimicrobials ultimately depends upon clinical experience and findings.

Community Acquired Pneumonia*	Healthcare Associated Pneumonia*	Urinary Tract Cystitis/Pyelonephritis	Urinary Tract Catheter Associated
<p>1. Ceftriaxone 2gm IV q24hr + Azithromycin 500mg IV followed by 500mg PO q24hr x 2 days.</p> <p>2. If PCN allergic, Levofloxacin 750mg IV/PO q24hr (NOTE: Levofloxacin 750mg for 1<sup>st</sup> dose only. Renal dosing per Pharmacy for subsequent doses).</p> <p>*ICU and non-ICU patients. *Includes SNF residents.</p>	<p>1. Piperacillin/Tazobactam 3.375gm IV q6hr <b>OR</b></p> <p>2. Cefepime 2gm IV q8hr</p> <p>3. If suspected atypical infection or in ICU, <i>consider addition of Levofloxacin 750mg IV/PO q 24h (NOTE: 1<sup>st</sup> dose – adjust for renal function. Renal dosing per Pharmacy for subsequent doses)</i></p> <p>3. If high MRSA risk or in ICU, <i>consider addition of Vancomycin per Pharmacy</i></p> <p>*Known pseudomonas risk, bronchiectasis, SNF stay or hospitalization outside of MT within 3 months.</p>	<p><b>Cystitis/Healthy non-pregnant adult women:</b></p> <p>1. Nitrofurantoin 100mg PO bid x5 days</p> <p>2. Bactrim DS 1 tab PO bid x 3 days</p> <p><b>Cystitis/Pyelonephritis requiring IV Antibiotics:</b> (Recommended duration: 7 days for quinolones. May switch to oral in 48-72 hours when patient responding adequately)</p> <p>1. Ceftriaxone 2gm IV q24hr</p> <p>2. If PCN allergic, Ciprofloxacin 400mg IV q12hr</p>	<p>(Recommended duration 10 days. May switch to oral when patient responding adequately)</p> <p>1. Ceftriaxone 2gm IV q24hr</p> <p>2. If known <i>Pseudomonas</i> or critically ill or recent hospitalization or skilled nursing facility stay: Piperacillin/Tazobactam 3.375gm IV q6hr <b>OR</b> Cefepime 2gm IV q8hr</p> <p>3. If suspect Enterococcus: Piperacillin/Tazobactam 3.375gm IV q8hr</p>
<p><b>Intra-Abdominal: Mild to Moderate Severity</b> (Perforated or abscessed appendicitis and other infections of mild-moderate severity)</p>	<p><b>Intra-Abdominal High Risk or Severity or Healthcare Associated Complicated Infection</b></p>		<p style="text-align: center;"><b>Cellulitis</b></p>
<p>1. Ceftriaxone 2gm IV q24hr + Metronidazole 500mg IV/PO q8hr</p> <p>2. If PCN allergic, Ciprofloxacin 400mg IV q12hr + Metronidazole 500mg IV/PO q8hr</p>	<p>1. Piperacillin/Tazobactam 3.375gm IV q6hr <b>OR</b></p> <p>2. Cefepime 2gm IV q8hr + Metronidazole 500mg IV/PO q8hr (NOTE: Subsequent renal dosing may apply per Pharmacy)</p>		<p><b>See separate ABSSSI (acute bacterial skin and skin structure infection) guidelines and algorithms</b></p>