

Antibiotic Stewardship Best Practice Prescribing Guidelines

Consider transition to oral as soon as able – Do not use this form to order oral medications

<u>Infection</u>	<u>Recommended</u>	<u>Secondary Antibiotic</u>	<u>Duration</u>	<u>Oral Transition</u>
Cellulitis / Bursitis	Cefazolin 1-2 g IV q8h	Ceftriaxone 1-2 g IV q24h	5-7 days	<ul style="list-style-type: none"> Cephalexin * 500 mg PO QID Amoxicillin – clavulanate * 500 mg PO TID Trimethoprim-sulfamethoxazole 1 DS PO BID (major penicillin allergy or MRSA) Clindamycin 150-300mg PO QID (major penicillin allergy or MRSA) Doxycycline 100 mg PO BID (Major penicillin allergy or MRSA)
Pneumonia	Ceftriaxone 1-2 g IV q24h		5-7 days	<ul style="list-style-type: none"> Amoxicillin-clavulanate * 500 mg PO TID Cefuroxime * 500 mg PO BID Azithromycin 500 mg PO on day 1, then 250 mg PO OD x 4 days (major penicillin allergy) LevoFLOXacin * 500 mg PO OD (major penicillin allergy) Doxycycline 100 mg PO BID (major penicillin allergy)
Urinary Tract Infection	Ceftriaxone 1g IV q24h		3-5 days (cystitis); 7-14 days (pyelonephritis)	<ul style="list-style-type: none"> Amoxicillin-clavulanate * 500 mg PO TID Sulfamethoxazole-trimethoprim 1 DS PO BID Ciprofloxacin 500 mg PO BID (major penicillin allergy) Nitrofurantoin 100 mg PO BID (cystitis only) Fosfomycin 3 g PO once (cystitis only)
Osteomyelitis	Cefazolin 2 g IV q8h	<ol style="list-style-type: none"> Cloxacillin 2 g IV q4-6h (staphylococcal osteomyelitis) Vancomycin 1 g IV q12h (major penicillin allergy or MRSA) Piperacillin-tazobactam 4.5 g IV q6h (polymicrobial or diabetic infection) 	6 weeks	<ul style="list-style-type: none"> Cephalexin 500 mg PO QID or 1000 mg PO TID (staphylococcal osteomyelitis) Amoxicillin-clavulanate * 500 mg PO TID (polymicrobial or diabetic foot infection)
Intraabdominal	Ceftriaxone 1-2 g IV q24h (in combination with oral metronidazole 500mg PO BID)	Piperacillin-tazobactam 4.5 g IV q8h	5-14 days (source & severity)	<ul style="list-style-type: none"> Amoxicillin-clavulanate * 500 mg PO TID Ciprofloxacin 500 mg PO BID plus metronidazole 500 mg PO BID (major penicillin allergy)
Bloodstream/ Septicemia	<p><i>Staphylococcus aureus</i>/Group A or B or C</p> <p><i>Streptococcus</i>: Cefazolin 1-2g IV q8h</p> <p>OR</p> <p>Cloxacillin 2g IV q4-6h OR vancomycin 1 g IV q12h (major penicillin allergy or MRSA infection)</p>	<p><i>Streptococcus pneumoniae</i>:</p> <ol style="list-style-type: none"> Ceftriaxone 1-2 g IV q24h Penicillin G 3-4 million units IV q4h <p><i>E. coli/Klebsiella/Proteus</i>:</p> <ol style="list-style-type: none"> Cefazolin 1-2g IV q8h Ceftriaxone 1-2g IV q24h <p><i>Pseudomonas</i>:</p> <ol style="list-style-type: none"> Piperacillin-tazobactam 4.5 g IV q6h Ceftazidime 1-2g IV q8h Meropenem 1-2 g IV q8h (for drug-resistant strains) 	1-2 weeks (minimum 2 weeks for <i>Staphylococcus aureus</i> bacteremia)	<p><i>Streptococcus pneumoniae</i>:</p> <ul style="list-style-type: none"> LevoFLOXacin *500 mg IV/PO q24h (major penicillin allergy) <p><i>E. coli/Klebsiella/Proteus</i>:</p> <ul style="list-style-type: none"> LevoFLOXacin 500 mg IV/PO q24h (major penicillin allergy)