

Harbor-UCLA Medical Center Empiric Antibiotic Recommendations for Inpatient Adult 2022

These are the agents generally preferred for first-line empiric therapy at Harbor-UCLA Medical Center Adult Inpatient Units. Circumstances of individual cases may dictate different antibiotic choices; recommendations should be made on a case-by-case basis. If a combination of antibiotics will be initiated empirically and the patient only has one line available, administer the antibiotic denoted with “INFUSE FIRST” first.

RESPIRATORY INFECTIONS

Community-acquired Pneumonia (x3-5d)¹

Ceftriaxone 1g IV q24h [infuse first]
+ Azithromycin 500mg IV q24h²
(If documented severe β-lactam allergy[†]: Levofloxacin 750mg IV q24h)

Hospital-acquired Pneumonia in non-ICU (x7d)

Ceftriaxone 1g IV q24h

Hospital-acquired Pneumonia in ICU or Ventilator-associated Pneumonia (x7d)

Cefepime 2g IV q8h^{R*} [infuse first]
+ Vancomycin per Pharmacy^{*3}

Aspiration Pneumonia (x5-7d)

Ceftriaxone 1g IV q24h [infuse first]
(If severe periodontal disease, necrotizing pneumonia, or lung abscess/empyema, add Metronidazole 500mg IV/PO q8h and consider longer treatment)

INTRA-ABDOMINAL INFECTIONS

Community-acquired (x4d after source control)

Ceftriaxone 1g IV q24h [infuse first]
+ Metronidazole 500mg IV/PO q8h
(If documented severe β-lactam allergy[†]: Ciprofloxacin 400mg IV q12h* + Metronidazole 500mg IV/PO q8h)

Healthcare-associated³ (x4d after source control)

Piperacillin/Tazobactam 3.375g IV q8h^{R*†}

If Healthcare-associated with Septic Shock

Meropenem 1g IV q8h^{R*}

Spontaneous Bacterial Peritonitis (x5d)

Ceftriaxone 2g IV q24h

C. difficile Infection (x10-14d)

Vancomycin 125mg PO QID

SKIN & SOFT TISSUE INFECTIONS (SSTI)

Cellulitis (no purulence) (x5-7d)

[No to Minimal Systemic Signs/Symptoms]⁴

Cefazolin 1-2g IV q8h*
(If documented severe β-lactam allergy[†]: Clindamycin 600mg IV q8h)

[Presence of Systemic Signs/Symptoms]⁴

Vancomycin per Pharmacy*

Purulent SSTI (x5-7d)

Vancomycin per Pharmacy*

Necrotizing Soft Tissue Infection

Ceftriaxone 1g IV q24h [infuse first]
+ Vancomycin per Pharmacy*
+ Metronidazole 500mg IV q8h
(+ Clindamycin 900mg IV q8h if suspect streptococcal toxic shock)

Diabetic Foot Ulcer⁵

Refer to Anti-Infective Management Program
(<https://lacounty.sharepoint.com/sites/dhs-harbor-amp>) >
Documents > Diabetic Foot Infection Pathway (DFIP)

GENITOURINARY INFECTIONS⁶

Uncomplicated Cystitis (x1-5d)

Ceftriaxone 1g IV q24h
(If documented severe β-lactam allergy[†]: Gentamicin 5mg/kg IV once)

Complicated Urinary Tract Infections, including Catheter-associated and Pylonephritis) (x5-7d)

Ceftriaxone 1g IV q24h
(If documented severe β-lactam allergy[†]: Gentamicin 5mg/kg IV q24h* or Ciprofloxacin 400mg IV q12h*)

Hospital-Acquired or Recent Hospitalization and IV Antibiotic Use

Cefepime 2g IV q8h^{R*}

If Septic Shock and/or Recent History of ESBL

Meropenem 1g IV q8h^{R*}

ENDOCARDITIS

Ceftriaxone 2g IV q24h [infuse first]
+ Vancomycin per Pharmacy*

MENINGITIS

Ceftriaxone 2g IV q12h [infuse first]
+ Vancomycin per Pharmacy*
(+ Ampicillin 2g IV q4h* if age>50yr, pregnant, AIDS or immunosuppressed)

NEUTROPENIC FEVER

Cefepime 2g IV q8h^{R*}
(+ Vancomycin per Pharmacy* if line infection, pneumonia, skin and soft tissue infection, severe mucositis, or other gram-positive infection)

OTHER PERTINENT INFORMATION

Antibiogram

Harbor-UCLA Intranet > Infection Prevention and Control > Important Infection Control Information

Pager & Phone Number

Antibiotic Approval Pager: 0343
ID Consult Pager: 7804
Immunocompromised Consult Pager
(HIV/Transplant/ Neutropenic fever & cancer patients/COVID): 4260
ID Pharmacist Office: 424-306-7454

*Medication is renally adjusted;

^RRestricted antimicrobials – requires ID approval; [†]Infuse over 4 hr

[†]Severe allergies include history of anaphylactic shock or respiratory distress. Consider PCN skin testing by ID service

¹If prior respiratory isolation of MRSA, add Vancomycin IV^{*3}; If prior respiratory isolation of *Pseudomonas aeruginosa*, Cefepime 2g IV q8h^{R*} in place of Ceftriaxone; obtain cultures

²If QTc prolonged, doxycycline 100mg IV/PO q12h preferred in place of azithromycin

³Discontinue vancomycin if nares MRSA screen is negative

⁴Fever, hypotension, or sustained tachycardia

⁵If there are no acute, severe infections requiring immediate antibiotics, withhold antibiotics and proceed with surgical debridement and deep tissue cultures

⁶Do not treat in the absence of symptoms unless patient is pregnant, undergoing urinary procedural manipulation, having high-risk neutropenia (ANC <100, ≥7d following chemotherapy), or renal transplant surgery within 1 mon