Inpatient Quick Start (based on normal renal function, please verify using Cockcroft-Gault)

Infectious Disease Syndrome	Pathogens	First line treatment	Moderate-severe allergy	Duration
Lung infections				
Community Acquired Pneumonia (CAP) (Floor)	*Streptococcus pneumoniae, Mycoplasma pneumoniae, Chlamydia pneumoniae Haemophilus influenzae, Klebsiella pneumoniae*	Ceftriaxone 1g IV q24 + Doxycycline 100mg po BID	Levofloxacin 750mg po daily	5 days
CAP (ICU)	Same as floor plus Methicicillin Resistant Staphylococcus aureus and Methicillin-sensitive Staphylococcus aureus (MRSA/MSSA)	Vancomycin per pharmacy Ceftriaxone 2g IV q24 Azithromycin 500mg po/IV daily	Linezolid 600mg po/IV BID Levofloxacin 750mg IV/po q24	5 days
Hospital Acquired Pneumonia or Bronchiectasis flare	*Pseudomonas* spp., other lactose negative GNR, plus above	Cefepime 2g IV q8 + Vancomycin per pharmacy (Meropenem can be used for critically ill patients in lieu of cefepime)	Levofloxacin 750mg IV/po daily Meropenem 1g IV q8 if critically ill + Vancomycin per pharmacy	5-7 days (can extend to 14d for CF)
Lung abscess	Oral anaerobes, staphylococci, streptococci	Ampicillin-sulbactam 3g IV q6; step down to Amoxicillin-clavulanate 875mg po BID	Levofloxacin 500mg po daily +metronidazole 500mg po daily	2-4 weeks
Complicated intra-abdominal infections				
Diverticulitis Perforated viscus	Enterobacterales *Bacteroides* spp	Ceftriaxone 1g IV q24 plus metronidazole 500mg po/IV BID	Ciprofloxacin 500mg PO Q12 or 400mg IV Q12 + Metronidazole 500mg PO or IV Q8	4 days after source control 10-14 days if no source control
Septic shock from cIAI	Enterobacterales *Bacteroides* spp	Piperacillin-tazobactam 3.375g IV Q8 extended infusion OR Meropenem 1g IV Q8 extended infusion if h/o ESBL	Vancomycin per pharmacy + Meropenem 1g IV Q8 extended infusion if no meropenem allergy*	Variable
Urinary Tract Infections				
Floor	Enterobacterales	Ceftriaxone 1g IV q24 Ertapenem 1g IV q24 if prior history of ESBL, immunocompromised or renal transplant	Ciprofloxacin 500mg po Q12 or 400mg IV Q12	5 days if cystitis 7-10 days if pyelonephritis
ICU	Enterobacterales	Meropenem 1g IV Q8 extended infusion	Meropenem 1g IV Q8 extended infusion unless true meropenem allergy*	7-10 days
Skin and soft tissue infections				
Floor	Group A streptococcus *Staphylococcus aureus*	Cefazolin 2g IV Q8	Vancomycin per pharmacy	7-10 days
ICU	Group A streptococcus *Staphylococcus aureus* *Vibrio, Aeromonas*, Clostridial species	Vancomycin per pharmacy + Ceftriaxone 2g IV Q24 + Clindamycin 900mg IV Q8 Linezolid 600mg IV/po BID can be used in lieu of vancomycin + clindamycin for both MRSA coverage and toxin inhibition for Group A Strep	Vancomycin per pharmacy Add if c/f necrotizing infection: Meropenem 1g IV Q8 extended infusion if no meropenem allergy* + Clindamycin 900mg IV Q8 if c/f Group A Strep only (v Linezolid 600mg IV/po BID to replace both clinda and vancomycin)	Variable, depends on surgical management of necrotizing fasciitis

CNS infections				
Meningitis	*Streptococcus pneumoniae* *N. meningitis* *Haemophilus influenzae*	Vancomycin per pharmacy + Ceftriaxone 2g IV Q12 Add: Ampicillin 2g IV Q4 if c/f *Listeria monocytogenes* Acyclovir 10mg/kg (IBW) IV Q8 if c/f HSV/VZV with adequate hydration	Vancomycin per pharmacy + Meropenem 2g IV Q8 extended infusion if no allergy to meropenem Add: Cotrimoxazole 5mg/kg IV Q8 if c/f Listeria Acyclovir 10mg/kg (IBW) IV Q8 if c/f HSV/VZV	7 days *N. meningitidiis* and *H influenzae* 14 days *Streptococcus pneumoniae* 14-21 days for HSV meningoencephalitis 14-21 days *Listeria monocytogenes*
Meningitis in the setting of VP shunt or recent neurosurgery	MRSA *Pseudomonas* spp., other lactose negative non-fermenters	Vancomycin per pharmacy + Cefepime 2g IV Q8 extended infusion	Vancomycin per pharmacy + Meropenem 2g IV Q8 extended infusion if no allergy to meropenem	variable
Neutropenic Fever				
Floor	MRSA if CLASBI Viridans group streptococci β-hemolytic streptococci *Pseudomonas aeruginosa*	Vancomycin if concern for CLABSI, SSTI, known staphylococcal infection, hemodynamic instability Piperacillin-tazobactam 4.5g IV Q8 extended infusion Meropenem if history of ESBL, allogeneic HSCT, or hemodynamic instability	Vancomycin per pharmacy + (Meropenem 1g IV Q8 extended infusion if no allergy to meropenem can be used in lieu of aztreonam + metronidazole)	Until afebrile for at least 48-72 hours
ICU	MRSA Viridans group streptococci β-hemolytic streptococci *Pseudomonas aeruginosa*	Vancomycin per pharmacy Meropenem 1g IV Q8 extended infusion	Vancomycin per pharmacy + Meropenem 1g IV Q8 extended infusion* + Tobramycin per pharmacy	Until afebrile for at least 48-72 hours
Sepsis of unknown origin				
No history of ESBL	unknown	Vancomycin per pharmacy + Piperacillin-tazobactam 3.375g IV Q8 extended infusion OR Cefepime 2g IV Q8 extended infusion	Vancomycin per pharmacy + (Meropenem 1g IV Q8 extended infusion can be used in lieu of aztreonam and metronidazole if no allergy to meropenem) + Tobramycin per pharmacy	Variable
History of ESBL	unknown	Vancomycin per pharmacy + Meropenem 1g IV Q8 extended infusion	Vancomycin per pharmacy + Meropenem 1g IV Q8 extended infusion if no allergy* to meropenem + Tobramycin per pharmacy	Variable

*if concern for meropenem allergy, use aztreonam 2g IV q6-8 +/- metronidazole 500mg IV/po q8 for severe intraabdominal infections including typhlitis for neutropenic fever