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 q12	Levofloxacin 750mg PO q24	5 days
CAP (ICU)	Same as floor plus Methicillin-resistant *Staphylococcus aureus* and Methicillin-sensitive *Staphylococcus aureus* (MRSA/MSSA)	Vancomycin per pharmacy* + Ceftriaxone 2g IV q24 + Azithromycin 500mg PO/IV q24	Linezolid 600mg PO/IV q12 (if severe allergy to vancomycin)* + Levofloxacin 750mg PO/IV q24	5 days
Hospital-acquired/Ventilator-associated Pneumonia or Bronchiectasis flare	*Pseudomonas* spp., other lactose negative gram negative rods, plus above	Cefepime 2g IV q8 extended infusion + Vancomycin per pharmacy* (Meropenem +/- tobramycin can be used for critically ill patients in lieu of cefepime)	Levofloxacin 750mg PO/IV q24 OR Meropenem 1g IV q8 extended infusion +/- tobramycin per pharmacy if critically ill + Linezolid 600mg PO/IV q12 (if severe allergy to vancomycin)*	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 q12	Levofloxacin 750mg PO/IV q24 + Metronidazole 500mg PO/IV BID	2-4 weeks
intra-abdominal infections (IAI)				
Uncomplicated IAI/ Diverticulitis Perforated viscus	Enterobacterales *Bacteroides* spp	Ceftriaxone 1g IV q24 + Metronidazole 500mg PO/IV q12	Ciprofloxacin 500mg PO q12 OR 400mg IV q12 + Metronidazole 500mg PO/IV BID	4 days after source control 10-14 days if no source control
IAI with septic shock (including necrotizing pancreatitis)	Enterobacterales *Bacteroides* spp	Piperacillin-tazobactam 3.375g IV q8 extended infusion OR Meropenem 1g IV q8 extended infusion if h/o ESBL	Meropenem 1g IV q8 extended infusion, unless true meropenem allergy**	Variable
Urinary tract infections				
Floor	Enterobacterales	Ceftriaxone 1g IV q24 OR 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	Aztreonam 2g IV q8 if 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 (necrotizing infections)	Group A streptococcus *Staphylococcus aureus* *Vibrio, Aeromonas*, Clostridial species	Vancomycin per pharmacy + Ceftriaxone 2g IV q24 + Clindamycin 900mg IV q8 Linezolid 600mg PO/IV q12 can be used in lieu of vancomycin + clindamycin, for both MRSA coverage and toxin inhibition for Group A Strep	Vancomycin per pharmacy + Meropenem 1g IV q8 extended infusion (if true meropenem allergy, replace with aztreonam + Clindamycin 900mg IV q8 if c/f Group A Strep only (v Linezolid 600mg PO/IV q12 to replace both clindamycin and vancomycin)	Variable, depends on surgical management of necrotizing fasciitis

*Anti-MRSA coverage (vancomycin or linezolid) can be discontinued of the MRSA nares is performed and is negative

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

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 true meropenem allergy, replace with aztreonam) Add: Trimethoprim/sulfamethoxazole 5mg/kg IV q8 if c/f *Listeria monocytogene*s (not required if patient receiving meropenem) Acyclovir 10mg/kg (IBW) IV q8 if c/f HSV/VZV (with adequate hydration)	7 days for *N. meningitidiis* and *H. influenzae* 14 days for *Streptococcus pneumoniae* 14-21 days for *Listeria monocytogenes* 14-21 days for HSV meningoencephalitis
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 true meropenem allergy, replace with aztreonam)	Variable
Neutropenic fever				
Floor	Viridans group streptococci β-hemolytic streptococci *Pseudomonas aeruginosa* MRSA if CLASBI	+ Piperacillin-tazobactam 4.5g IV q8 extended infusion OR Meropenem 1g IV q8 extended infusion if history of ESBL, allogeneic HSCT, or hemodynamic instability Consider Vancomycin per pharmacy if concern for CLABSI, SSTI, known staphylococcal infection, hemodynamic instability	Vancomycin per pharmacy (linezolid if severe allergy to vancomycin) + Meropenem 1g IV q8 extended infusion (if true meropenem allergy, replacw with Aztreonam + Metronidazole)	Until afebrile for at least 48-72 hours and cultures negative. May drop down to neutropenic prophylaxis (levofloxacin) if needed.
ICU	MRSA Viridans group streptococci β-hemolytic streptococci *Pseudomonas aeruginosa*	Meropenem 1g IV q8 extended infusion + Tobramycin per pharmacy (if hemodynamically unstable) Consider Vancomycin per pharmacy if concern for CLABSI, SSTI, known staphylococcal infection, hemodynamic instability	Vancomycin per pharmacy (linezolid if severe allergy to vancomycin) + Meropenem 1g IV q8 extended infusion (if true meropenem allergy, replace with aztreonam + metronidazole) + Tobramycin per pharmacy (if hemodynamically unstable)	Until afebrile for at least 48-72 hours and if cultures negative May drop down to neutropenic prophylaxis (levofloxacin) if needed.
Sepsis of unknown origin				
No history of ESBL	Variable	Vancomycin per pharmacy + Piperacillin-tazobactam 3.375g IV q8 extended infusion OR Cefepime 2g IV q8 extended infusion	Vancomycin per pharmacy (linezolid if severe allergy to vancomycin) + Meropenem 1g IV q8 extended infusion, unless true meropenem allergy** +/- Tobramycin per pharmacy	Variable
History of ESBL	Unknown	Vancomycin per pharmacy + Meropenem 1g IV q8 extended infusion	Vancomycin per pharmacy (linezolid if severe allergy to vancomycin) + Meropenem 1g IV q8 extended infusion, unless true meropenem allergy** +/- Tobramycin per pharmacy	Variable

*Anti-MRSA coverage (vancomycin or linezolid) can be discontinued of the MRSA nares is performed and is negative

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