Antibiotic Guidelines Summary: Updated April 2007

[Li & Hiller — www.emedicine.com/emerg/topic803.htm]

Indication (adult inpatients)	Antibiotic
Empiric treatment of sepsis	2/3d gen cephalosporin 1g IV q8h-24h plus gentamicin 320mg IV q24h
Meningitis	ceftriaxone 2g IV q24h plus vancomycin 1g IV q12h
Soiled gut	ampicillin/sulbactam 3g IV plus metronidazole 500mg both q6h
Pseudomonal bacteremia	ceftazidime 2g IV plus tobramycin 160mg IV both q8h
Endocarditis	vancomycin 1g IV q12h plus gentamicin 120 mg IV q8h
Line sepsis	vancomycin 1g IV q12h
Community-acquired pneumonia	cefmetazole (or other 2d gen) 2g IV q8h plus azithromycin 500mg IV q24h
HIV-pneumonia (CD4<200)	trimethoprim/sulfamethoxazole (TMP/SMX) 320mg/1,600mg IV q6h (plus prednisone 40 mg PO q12h if pO2<70 or Aa >35)

Indication (adult outpatients)	Antibiotic
Pneumonia, age <60	azithromycin 500mg PO day one, 250mg PO days two through five
Pneumonia, age >=60	azithromycin as above plus TMP/SMX DS PO for ten days
Acute bronchitis	No antibiotics! Albuterol MDI better than cough syrup for symptoms
Chronic bronchitis exacerbation	TMP/SMX DS PO bid or doxycycline 100mg PO bid for ten days
Skin infections	TMP/SMX DS PO bid or dicloxacillin 250mg PO qid for ten days
Otitis media	ceftriaxone 50mg/kg IM once
Urinary tract infection	TMP/SMX DS PO bid for three days (seven days for children or aged)
Venereal urethritis or cervicitis	ceftriaxone 125mg IM once plus azithromycin 1g PO once
Pelvic inflammatory disease	ceftriaxone 250mg IM once plus doxycycline 100mg PO bid for ten days
Vaginal yeast infections	fluconazole 150mg PO once
Trichomoniasis	metronidazole 2g PO once
Bacterial vaginosis	metronidazole 2g PO once
Pharyngitis (GABHS)	benzathine penicillin 1.2mU IM once plus betamethasone 8mg IM once
Acute sinusitis	No antibiotics initially! Instead, use trial of decongestants (pseudoephedrine or similar). Treat failures with TMP/SMX DS PO bid for three days

Indication (wound prophylaxis)	Antibiotic (require wound checks in 24-48 hours as well)
High risk skin wound	ampicillin/sulbactam 3g IV once plus TMP/SMX DS PO bid for three days
Foot puncture wounds	TMP/SMX DS PO bid for three days
Cat bites	ampicillin/sulbactam 3g IV once plus TMP/SMX DS PO bid for three days
Dog bites, in patient sans spleen	ampicillin/sulbactam 3g IV once plus penicillin VK 500 PO qid for three days
Human bites	ampicillin/sulbactam 3g IV once plus amoxicillin/clavulanate 500mg PO tid for five days plus hepatitis B immune globulin 0.06ml/kg IM once

HIV post-exposure prophylaxis	Antiviral (questions? call 888/448-4911)
Percutaneous blood in HIV+ or large volume possible HIV+	ZDV 200mg PO tid plus 3TC 150mg PO bid plus IDV 800mg PO tid recommended, begin within 60 minutes of stick
Percutaneous blood, other	ZDV plus 3TC can be offered
Percutaneous non-blood, HIV+	ZDV plus 3TC can be offered
Mucous membrane HIV+ blood	ZDV plus 3TC ± IDV can be offered
Skin exposure, HIV+	ZDV plus 3TC ± IDV can be offered

Post-exposure prophylaxis	Antibiotic
Meningococcal exposure	ciprofloxacin 750mg PO once or ceftriaxone 125mg IM once
Positive tuberculin skin test	isoniazid 300mg qd for six months (or 900mg twice wkly for 12 months)
Rape	Ceftriaxone 125mg IM once plus azithromycin 1g PO once plus hepatitis B immune globulin 0.06ml/kg IM once plus Ovral 2 tablets now and 2 in 12h