

Wake Forest University Baptist Medical Center

Antibiotic Recommendations for Sepsis in Adults – Early Goal Directed Therapy**

The antibiotics listed below are recommendations for empiric therapy in patients sufficiently ill to need admission or transfer to the intensive care unit. Obtain cultures before the first antibiotic dose whenever possible without undue delay in treatment. Antibiotic therapy should be re-assessed at 72 hours and de-escalated at that time based on culture results. A CAUSE representative is available to assist in antibiotic selection or interpretation of microbiology studies (806-6494).

PNEUMONIA		
	Treatment	If Severe Penicillin Allergy
CAP*	Ceftriaxone PLUS Azithromycin	Moxifloxacin PLUS Vancomycin
HAP < 10 days after admission	Vancomycin PLUS EITHER Piperacillin/tazobactam OR Cefepime	Amikacin PLUS Vancomycin PLUS Ciprofloxacin
HAP ≥ 10 days after admission	Amikacin PLUS Vancomycin PLUS EITHER Piperacillin/tazobactam OR Cefepime	Amikacin PLUS Vancomycin PLUS Ciprofloxacin

*See WFBMC CAP guide for recommended treatments when Pseudomonas or CA-MRSA risk factors present.

CAP = Community-acquired pneumonia

SKIN AND SOFT TISSUE INFECTION		
	Treatment	If Severe Penicillin Allergy
Necrotizing Fasciitis	Piperacillin/tazobactam PLUS Clindamycin PLUS Vancomycin	Ciprofloxacin PLUS Clindamycin PLUS Vancomycin
Fournier's Gangrene	Piperacillin/tazobactam PLUS Vancomycin	Aztreonam PLUS Clindamycin PLUS Vancomycin
Diabetic Foot or Cellulitis Associated with Peripheral Vascular Disease	Piperacillin/tazobactam PLUS Vancomycin	Aztreonam PLUS Metronidazole PLUS Vancomycin
Toxic Shock Syndrome	Vancomycin PLUS Clindamycin	Vancomycin PLUS Clindamycin
Cellulitis (uncomplicated)	Vancomycin	Vancomycin

ABDOMINAL INFECTION*		
	Treatment	If Severe Penicillin Allergy
	Piperacillin/tazobactam	Ciprofloxacin PLUS Metronidazole PLUS Amikacin

* Consider adding fluconazole if Candida risk factor(s) present, e.g. recent abdominal surgery, TPN, recent broad-spectrum antibiotics.

MENINGITIS		
	Treatment	If Severe Penicillin Allergy
Community-onset	Ceftriaxone PLUS Vancomycin PLUS Dexamethasone*	Trimethoprim-Sulfamethoxazole PLUS Vancomycin PLUS Dexamethasone
Post-neurosurgical	Cefepime PLUS Vancomycin	Aztreonam PLUS Vancomycin

* ADD ampicillin if >50 years old, neutropenic, or otherwise immunosuppressed

IV CATHETER RELATED INFECTION		
	Treatment	If Severe Penicillin Allergy
	Cefepime PLUS Vancomycin	Amikacin PLUS Vancomycin

SEPSIS DUE TO URINARY TRACT INFECTION*		
	Treatment	If Severe Penicillin Allergy
Community Acquired & No Significant Comorbidities	Ceftriaxone	Amikacin PLUS Ciprofloxacin
Nursing Home Acquired, Health Care Associated, or Elderly Patient	Piperacillin/tazobactam	Amikacin PLUS Ciprofloxacin

* Warning: Asymptomatic bacteruria is common. If unclear whether urinary tract is source of sepsis, treat as if sepsis of unknown source (see below).

SEPSIS OF UNKNOWN SOURCE		
	Treatment	If Severe Penicillin Allergy
	Piperacillin/tazobactam PLUS Vancomycin PLUS Amikacin	Ciprofloxacin PLUS Vancomycin PLUS Amikacin

Examples of severe penicillin allergy include anaphylaxis, shortness of breath, angioedema, immediate hives, or similar life-threatening event.
****Careful consideration should be given to colonizing multi-drug resistant organisms, previously infecting organisms, and prior antibiotic therapy within the previous 3 months when prescribing empiric antibiotics for a patient with sepsis.**