

Recommended Treatment of Common Infections

Clinical indication	Likely organisms	Recommended alternative	Things to consider
Urinary Tract			
Urosepsis	Enteric organisms, Enterococcus	1st line: ceftriaxone ± ampicillin	Preserve piperacillin-tazobactam for more severe disease or suspicion of resistance
		2nd line: cipro ± ampicilin	
		3rd line: piperacillin-tazobacatm	
Respiratory tract			
Hospital Acquired Pneumonia (includes Health Care Associated Pneumonia)	Streptococcus, Staphylococcus, enteric organisms	1st line: Ceftriaxone	Fewer than 5% of patients have pseudomonas. Use broad spectrum only if patient has very severe disease or known resistance
		2nd line: moxifloxacin	
		3rd line: piperacillin-tazobactam	
Aspiration Pneumonia	Streptococcus, Staphylococcus, anaerobes (mouth)	1st line: Amoxicillin-clavulanate	Acute aspiration is not an infection. carbapenems are rarely, if ever, indicated for Aspiration pneumonia.
		2nd line: Ceftriaxone ± Metronidazole	
		3rd line: moxifloxacin or piperacillin-tazobactam	
Community Acquired pneumonia (severe)	S. pneumoniae, H. influenza, atypical organisms	1st line: Ceftriaxone + azithromycin or doxycycline	piperacillin-tazobactam is not indicated for this diagnosis
		2nd line: moxifloxacin	
Gastro-intestinal Tract			
Acute abdomen (mild) -- includes biliary tract infection	mixed enteric organisms	1st line: Cefazolin + metronidazole	Primary treatment is surgery. 4 days Rx after surgery is usually sufficient
		2nd line: Ceftriaxone + Metronidazole	
		3rd line: ciprofloxacin + metronidazole	

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Clinical indication	Likely organisms	Recommended alternative	Things to consider
Gastro-intestinal Tract (cont'd)			
Acute abdomen (moderate - severe), Community acquired, includes biliary tract infection	mixed enteric organisms	1st line: Ceftriaxone + Metronidazole	Primary treatment is surgery. 4 days Rx after surgery is usually sufficient. Preserve Piperacillin-tazobactam for patients with known resistance or substantial antibiotic exposure
		2nd line: ciprofloxacin + metronidazole	
		3rd line: piperacillin-tazobactam	
Acute abdomen severe with risk factors for resistance (repeated surgeries, known resistance)	mixed enteric organisms	1st line: piperacillin-tazobactam	Only applies to patients with multiple exposures to antibiotics, known resistance or septic shock
		2nd line: meropenem	
		3rd line: Call ID	
Other infections			
Known pseudomonas	P. aeruginosa	1st line: ceftazidime	Always look at susceptibilities for appropriate choice once available, Consult ID for severe infections.
		2nd line: ciprofloxacin	
		3rd line: piperacillin-tazobactam	
Diabetic foot infection (mild to moderate)	Staphylococcus, streptococcus, mixed enteric organisms, anaerobes	1st line: Amoxicillin-clavulanate	Empiric therapy only indicated in acute infection. Chronic infection should have samples taken prior to therapy.
		2nd line: cefazolin + metronidazole	
		3rd line: ciprofloxacin + clindamycin	
diabetic foot infection (severe: limb threatening with systemic symptoms)	Staphylococcus, streptococcus, mixed enteric organisms, anaerobes	1st line: Ceftriaxone + Metronidazole	Sampling critical to appropriate management. Consider adding Vancomycin if risk for MRSA.
		2nd line: moxifloxacin	
		3rd line: piperacillin-tazobactam	