

Sepsis

Empiric broad-spectrum intravenous antibiotic therapy should be started within the first hour of severe sepsis and septic shock, preferably after blood cultures have been collected. Source control within 12 hours of the diagnosis is critical.

Recommended duration of therapy is usually 7 days; 14 days minimum for *S. aureus* pneumonia/bacteremia and longer courses may be required in persistent bacteremia (rule out endocarditis), fungemia, inadequate source control, slow clinical response, or neutropenia. Consider consulting ID.

Unknown source

Piperacillin-tazobactam

3.375 g q6h

IV

7 days

If severe penicillin allergy, known resistance, or septic shock

Meropenem

500 mg q6h

IV

7 days

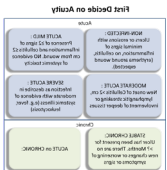
→ If MRSA suspected or septic shock, **ADD**:

Vancomycin

Load 30 mg/kg, then
20 mg/kg q8-12h

IV

7-14 days



Remember to check cultures, revise your diagnosis and consider oral Rx by day 3

