

TABLE 144-5 INITIAL EMPIRICAL ANTIBIOTIC THERAPY FOR COMMON INFECTIOUS DISEASE PRESENTATIONS<sup>a</sup>

Clinical Syndrome	Common Etiologies	Antibiotic(s)	Comments	See Chapter(s)
Septic shock	<i>Staphylococcus aureus</i> , <i>Streptococcus pneumoniae</i> , enteric gram-negative bacilli	Vancomycin, 15 mg/kg q12h <sup>b</sup> ; <b>plus</b> A broad-spectrum antipseudomonal β-lactam (piperacillin-tazobactam, 4.5 g q6h; imipenem, 1 g q8h; meropenem, 1 g q8h; or cefepime, 1–2 g q8–12h)	—	325
Meningitis	<i>S. pneumoniae</i> , <i>Neisseria meningitidis</i>	Vancomycin, 15 mg/kg q12h <sup>b</sup> ; <b>plus</b> Ceftriaxone, 2 g q12h	Dexamethasone (0.15 mg/kg IV q6h for 2–4 d) should be added for patients with suspected or proven pneumococcal meningitis, with the first dose administered 10–20 min before the first dose of antibiotics.	164 and pathogen-specific chapters
CNS abscess	<i>Streptococcus</i> spp., <i>Staphylococcus</i> spp., anaerobes, gram-negative bacilli	Vancomycin, 15 mg/kg q12h <sup>b</sup> ; <b>plus</b> Ceftriaxone, 2 g q12h; <b>plus</b> Metronidazole, 500 mg q8h	—	164
Endocarditis	<i>S. aureus</i> , <i>Streptococcus</i> spp., coagulase-negative staphylococci	Vancomycin, 15 mg/kg q12h <sup>b</sup> ; <b>plus</b> Ceftriaxone, 2 g q12h	—	155
Pneumonia Community-acquired, outpatient	<i>S. pneumoniae</i> , <i>Mycoplasma pneumoniae</i> , <i>Haemophilus influenzae</i> , <i>Chlamydia pneumoniae</i>	Azithromycin, 500 mg PO × 1, then 250 mg PO qd × 4 days	If MRSA is a consideration, add vancomycin (15 mg/kg q12h <sup>b</sup> ) or linezolid (600 mg q12h); daptomycin should not be used in patients with pneumonia.	153 and pathogen-specific chapters
Inpatient, non-ICU	Above plus <i>Legionella</i> spp.	A respiratory fluoroquinolone (moxifloxacin, 400 mg IV/PO qd; gemifloxacin, 320 mg PO qd; or levofloxacin, 750 mg IV/PO qd); <b>or</b> A β-lactam (cefotaxime, ceftriaxone, or ampicillin-sulbactam) plus azithromycin		
Inpatient, ICU	Above plus <i>S. aureus</i>	A β-lactam; <b>plus</b> Azithromycin or a respiratory fluoroquinolone		
Hospital-acquired pneumonia <sup>d</sup>	<i>S. pneumoniae</i> , <i>H. influenzae</i> , <i>S. aureus</i> , gram-negative bacilli (e.g., <i>Pseudomonas aeruginosa</i> , <i>Klebsiella pneumoniae</i> , <i>Acinetobacter</i> spp.)	An antipseudomonal β-lactam (cefepime, 1–2 g q8–12 h; ceftazidime, 2 g q8h; imipenem, 1 g q8h; meropenem, 1 g q8h; or piperacillin-tazobactam, 4.5 g q6h); <b>plus</b> An antipseudomonal fluoroquinolone (levofloxacin or ciprofloxacin, 400 mg q8h) or an aminoglycoside (amikacin, 20 mg/kg q24h <sup>e</sup> ; gentamicin, 7 mg/kg q24h <sup>e</sup> ; or tobramycin, 7 mg/kg q24h <sup>e</sup> )		
Complicated intra-abdominal infection			If MRSA is a consideration, add vancomycin (15 mg/kg q12h <sup>b</sup> ).	159, 201, and pathogen-specific chapters
Mild to moderate severity	Anaerobes ( <i>Bacteroides</i> spp., <i>Clostridium</i> spp.), gram-negative bacilli ( <i>Escherichia coli</i> ), <i>Streptococcus</i> spp.	Cefoxitin, 2 g q6h; <b>or</b> A combination of metronidazole (500 mg q8–12h) plus cefazolin (1–2 g q8h) or cefuroxime (1.5 g q8h) or ceftriaxone (1–2 g q12–24h) or cefotaxime (1–2 g q6–8h)		
High-risk patient or high degree of severity	Same as above	A carbapenem (imipenem, 1 g q8h; meropenem, 1 g q8h; doripenem, 500 mg q8h); <b>or</b> Piperacillin-tazobactam, 3.375 g q6h <sup>f</sup> ; <b>or</b> A combination of metronidazole (500 mg q8–12h) plus an antipseudomonal cephalosporin (cefepime, 2 g q8–12h; ceftazidime, 2 g q8h) or an antipseudomonal fluoroquinolone (ciprofloxacin, 400 mg q12h; levofloxacin, 750 mg q24h)		

(Continued)