TABLE 144-5 INITIAL EMPIRICAL ANTIBIOTIC THERAPY FOR COMMON INFECTIOUS DISEASE PRESENTATIONS[a] (CONTINUED)

Clinical Syndrome	Common Etiologies	Antibiotic(s)	Comments	See Chapter(s)
Skin and soft tissue infection	*S. aureus*, *Streptococcus pyogenes*	Dicloxacillin, 250–500 mg PO qid; ***or*** Cephalexin, 250–500 mg PO qid; ***or*** Clindamycin, 300–450 mg PO tid; ***or*** Nafcillin/oxacillin, 1–2 g q4h	If MRSA is a consideration, clindamycin, vancomycin (15 mg/kg q12h[b]), linezolid (600 mg IV/PO q12h), or TMP-SMX (1–2 double-strength tablets PO bid[g]) can be used.	**156** and pathogen-specific chapters

[a]This table refers to immunocompetent adults with normal renal and hepatic function. All doses listed are for parenteral administration unless indicated otherwise. Local antimicrobial susceptibility profiles may influence the choice of antibiotic. Therapy should be tailored once a specific etiologic agent and its susceptibilities are identified. [b]Trough levels for vancomycin should be 15–20 ≥g/mL. [c]Trough levels for amikacin should be <4 ≥g/mL. [d]In patients with late onset (i.e., after ≤5 days of hospitalization) or risk factors for multidrug-resistant organisms. [e]Trough levels for gentamicin and tobramycin should be <1 ≥g/mL. [f]If *P. aeruginosa* is a concern, the dosage may be increased to 3.375 g IV q4h or 4.5 g IV q6h. [g]Data on the efficacy of TMP-SMX in skin and soft tissue infections are limited.

Abbreviations: CNS, central nervous system; ICU, intensive care unit; MRSA, methicillin-resistant *S. aureus*; TMP-SMX, trimethoprim-sulfamethoxazole.