Adult Antibiotic Dosing Recommendations

Amoxicillin (Amoxil):*
1 gram PO every 8 hours for pneumonia. May use 500 mg to 1 gram PO every 8 hours for most indications.

Amoxicillin/clavulanate (Augmentin)*:
875 mg PO BID for most indications; may increase to every 8 hours for intra-abdominal infections

Azithromycin:
500 mg x 1 on day 1 followed by 250 mg PO daily x 4 days
May also consider 500 mg po daily x 3 days

Cefdinir*:
300 mg PO BID

Cephalexin*:
500 mg PO every 6 hours

Ciprofloxacin*:
500 mg to 750 mg PO BID

Doxycycline:
100 mg PO BID

Levofloxacin*:
500 mg to 750 mg PO daily

Metronidazole:
500 mg PO every 8 hours

Nitrofurantoin monohydrate/macrocrystals:**
100 mg PO BID

* Renal dose adjustments may be required
**Avoid use in geriatric patients and CrCl < 30 mL/min

Antimicrobial Stewardship Principles

REDUCING GENERAL ANTIBIOTIC USE: Some illnesses may not need antibiotics at all (self-limiting illness, non-bacterial illnesses)

SHORTENING THE COURSE: Most illnesses that are managed outpatient only need 3 to 5 days of antibiotics

AVOIDING RESISTANCE: Agents that have more than 10% resistance rates to the target microbe according to the local antibiogram should not be used when alternatives agents are available

NARROWING ANTIBIOTIC SPECTRUM: Many infection can be managed with antibiotics that are less broad than fluoroquinolones

Ensuring patients receive the right antibiotic, at the right dose, at the right time, and for the right duration reduces mortality, risk of Clostridium difficile-associated diarrhea, hospital stays, overall antimicrobial resistance within the facility, and costs.

Shorter Duration of Antibiotic Therapy

INFECTION	DAYS OF THERAPY
Community Acquired Pneumonia	5 Days
Ventilator Associated Pneumonia	≤ 8 Days
Uncomplicated Cystitis	3 to 5 Days
Pyelonephritis	5 to 7 Days
Intra-abdominal Infection	4 Days
Cellulitis	5 Days
Acute Bacterial Sinusitis	5 Days
Neutropenic Fever	Afebrile x 72 Hours

Verigene Resistance Markers

ORGANISMS	RESISTANCE GENE	INTERPRETATION
Staphylococcus aureus OR S. epidermidis	None	None
	MecA	Methicillin Resistance
Enterococcus faecalis OR E. faecium	None	None
	Van A or Van B	Vancomycin Resistance
Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca	None	None
	CTX-M	ESBL Producing Organism
	KPC, NDM, OXA or VIM	CRE/MDR Organism*
Pseudomonas sp. OR Enterobacter sp.	None	None
	CTX-M	ESBL Producing Organism
Pseudomonas aeruginosa	None	None
	IMP, KPC, NDM, OXA or VIM	CRPA/MDR Organism*
Acinetobacter species	None	None
	IMP or OXA	CRAB/MDR Organism*
Enterobacter species	None	None
	CTX-M	ESBL producing organism
	KPC, NDM, IMP or VIM	CRE/MDR organism*

**ID Consult Recommended*

Dignity Health
St. Joseph's Medical Center

Adult Outpatient/ED Antibiotic Recommendations for SJMC

Approved by the Antimicrobial Stewardship Committee & Infection Control Committee

INFECTION	1ST LINE	ALTERNATIVE / ALLERGY
Asymptomatic Bacteriuria	Do not treat with antibiotics*	
Uncomplicated Cystitis (Symptomatic)	Nitrofurantoin**	Cephalexin
Uncomplicated Pyelonephritis***	Cefdinir	Ciprofloxacin
Diverticulitis/colitis	Ciprofloxacin **PLUS** Metronidazole	Cefdinir **PLUS** Metronidazole
Community acquired pneumonia **(CAP)** – No comorbidities or risk factors for MRSA or Pseudomonas	Amoxicillin	Azithromycin **OR** Doxycycline
CAP with comorbidities (chronic heart, lung, liver, or renal disease, diabetes mellitus, alcoholism, malignancy or asplenia)	Amoxicillin-Clavulanate **PLUS** Azithromycin	Cefdinir **OR** Cefuroxime **PLUS** Azithromycin **OR** Doxycycline
Skin & Soft Tissue/ Cellulitis	Cephalexin **OR** TMP/SMP (if Staph suspected)	Doxycycline **OR** Clindamycin
Sinusitis	Amoxicillin-Clavulanate	Doxycycline

* Unless the patient is pregnant or undergoing genitourinary system intervention
**Avoid use in geriatric patients and CrCl < 30 mL/min
***Ensure patient received a parenteral antibiotic prior to discharge (i.e. ceftriaxone 1 gram IV/IM x 1)

INDICATION	NOTES	EXCEPTIONS
Nephrolithiasis	Not usually infectious	Unless UTI also present
Gastroenteritis	Usually viral and/or self-limiting	Unless traveler's diarrhea
Bronchitis	Only 6% of cases are bacterial	Unless pertussis suspected
COPD exacerbation per GOLD guidelines	Antibiotics only indicated when increased purulence of sputum AND either increased sputum volume or dyspnea	Admission to ICU, recommended duration 5 days
Diarrhea	Usually self-limiting	Unless C diff or traveler's diarrhea

St. Joseph's Medical Center - Stockton - Emergency Department

Antibiogram 01/01/2023- 12/31/2023

Percent (%) susceptible	# Tested (n)	Penicillins								Cephalosporins					Carbapenems			Aminoglycosides			Fluoroquin-olones		Other								
		Ampicillin	Amoxicillin	Oxacillin	Penicillin	Piperacillin/Tazo	Ticarcillin	Ticar/Clav Acid	Amp/Sulbactam	Cefazolin	Cefepime	Cefotaxime	Ceftazidime	Ceftriaxone	Ertapenem	Imipenem	Meropenem	Amikacin	Gentamicin	Tobramycin	Ciprofloxacin	Levofloxacin	Clindamycin	Erythromycin	Linezolid	Rifampin	Trimeth/Sulfa	Daptomycin	Tetracycline	Vancomycin	Nitrofurantoin*
Gram negative rods:																															
Enterobacter cloacae complex	32	0							0		97		88	91	100	100		100	94	94	84	84									41
Escherichia coli	1451	50				97			61	83	88		88	88	100	100		100	89	88	79	80					73				98
Klebsiella pneumoniae	238	0				98			83	90	91		91	91	100	100		100	96	94	93	96					86				33
Proteus mirabilis	163	80				100			88	87	92		91	91	99			99	89	90	78	79					80		0		0
Pseudomonas aeruginosa	97	0				93	85		0		96	0	94	0	0	90	99	97	0	0	77	77					0		0		
Gram positive cocci:																															
Enterococcus faecalis	189	99																			*75	*76			99					95	99
Staphylococcus aureus	108			57															90		59	58	75	42	100	99	94	100	81	100	100

* Urinary Tract isolates only

Non urine

>= 5% more resistant 2023 than 2022

>= 5% more sensitive 2023 than 2022