Empiric antibiotics for initial treatment of sepsis

(obtain appropriate cultures prior to antibiotic administration if possible- updated 09/09)

Likely source	Suggested Abx	Alternative Abx	Comments
Respiratory-CAP	Ceftriaxone 2 gm IV *plus* azithromycin 500mg IV	Moxifloxacin 400 mg po or IV	Begin abx before patient leaves ED; if blood cx indicated, draw 2 sets prior to abx
Respiratory - healthcare associated	Pip/tazo 3.375 gm IV *plus* tobramycin *7 mg/kg IV *plus* vanco 1 gm IV		Add azithro 500 mg IV if suspect Legionella. Collect sputum for stat gram stain/culture to help guide therapy.
Urinary	Ampicillin 2 gm IV *plus* tobramycin* 7 mg/kg IV	If pcn-allergic, substitute cipro 400mg IV for amp	If nosocomial, substitute piperacillin 3 gm IV for amp
Intra-abdominal	Amp 2gm IV plus metronidazole 500mg IV *plus* tobramycin* 7mg/kg IV	If pcn-alergic, substitute vanco for amp	Alternative: can use pip/tazo alone for community acquired and low likelihood of resistance
Biliary	Pip/tazo 3.375 gm IV	If pcn-allergic, substitute ceftaz 2 gm IV *plus* metronidazole 500mg IV	
Device-related	Vanco 1 gm IV *plus* tobramycin* 7 mg/kg		
Skin/soft tissue	Vanco 1gm IV		Add clinda 900mg IV for suspected necrotizing fasciitis or suspected staph/strep toxin-mediated. Add tobra *plus* metronidazole for post-op wound
Meningitis	Ceftriaxone 2gm IV plus vanco 1 gm IV		Start dexamethasone 0.15 mg/kg IV prior to 1st dose of abx. Add amp 2gm IV for suspected *listeria*. Obtain CSF for cx if possible; do not delay rx.
Sepsis from unknown source	tobra* 7mg/kg (or cipro) IV *plus* vanco 1gm IV	Add metronidazole if possible intra-abdominal source	
Neutropenic Fever (ANC < 500; or < 1000 and anticipated to be < 500 soon)	Source unknown and stable: Ceftazidime 2 gm ***If unstable***: add tobramycin 7 mg/kg IV and vanco 1 gm IV	Intrabd/perineal source: Ceftaz *plus* metronidazole *plus* tobra	Refer to "Standard Operating Procedure for Empiric Treatment of Neutropenic Fever" for details; call Oncology and/or ID fellow at DHMC for questions

*Substitute Cipro 400mg IV for tobramycin if: oliguria/anuria, h/o aminoglycoside induced nephropathy, ascites, burns.