

Patient Name: _____

Patient MRN: _____

ANTIBIOTICS	Review of Studies		DAY OF THERAPY (check boxes each day if continuing antibiotics)																
	Review daily and complete as data become available		1	2	3	4	5	6	7	8	9	10	11	12	13	14			
antibiotic name _____ / _____ / _____ start date _____ / _____ / _____ Indication <input type="checkbox"/> Presumed infection -complete yellow box→ <input type="checkbox"/> Surgical prophylaxis (24 hrs.) <input type="checkbox"/> Non-surgical prophylaxis or chronic suppression	Blood Culture <input type="checkbox"/> Positive <input type="checkbox"/> Negative Urine Culture <input type="checkbox"/> Positive <input type="checkbox"/> Negative Resp Culture <input type="checkbox"/> Positive <input type="checkbox"/> Negative Other Micro or Radiology _____ type <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Consider stopping if studies negative 1. Planned duration: _____ days 2. Indication(s): <input type="checkbox"/> Bloodstream <input type="checkbox"/> Neutropenic Fever <input type="checkbox"/> Bone/Joint <input type="checkbox"/> Pelvic/GYN <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> Pneumonia <input type="checkbox"/> CNS <input type="checkbox"/> Respiratory, other <input type="checkbox"/> Endocarditis <input type="checkbox"/> Skin/soft tissue <input type="checkbox"/> Head/Neck <input type="checkbox"/> Urinary tract <input type="checkbox"/> Intra-abdominal <input type="checkbox"/> Other 3. Can antibiotic be narrowed based on micro or radiology? → 4. Can antibiotic be given orally? →																	

Final diagnoses requiring antibiotics →	Pertinent Positive Microbiology: 1. _____ 2. _____ 3. _____ 4. _____		Date: _____ Date: _____ Date: _____ Date: _____
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Empiric Antibiotic Recommendations

The following are empiric recommendations in absence of culture data. Narrow antibiotics based on culture when available.

Urinary Tract Infections

Empiric Antibiotic Choices			
Clinical Setting	Route	Preferred Therapy	Therapy for β -lactam allergy
Uncomplicated Community-Acquired Cystitis ¹ (Hospitalized \leq 48 hrs)	ORAL		
	IV		
Uncomplicated Hospital-Acquired Cystitis ¹ (Hospitalized \geq 48 hrs)	ORAL		
	IV		
Complicated Community-Acquired Cystitis ² AND Pyelonephritis (Hospitalized <48 hrs)	ORAL		
	IV		
Complicated Hospital-Acquired Cystitis ² AND Pyelonephritis (Hospitalized \geq 48 hrs)	ORAL		
	IV		

Duration of Antibiotic Therapy*			
Antibiotic	Uncomplicated Cystitis ¹	Complicated Cystitis ²	Pyelonephritis
Beta-lactams	3-7 days	10-14 days	10-14 days
Fosfomycin	Single dose	Not recommended	Not recommended
Levofloxacin	3 days	5-7 days	5-7 days
Nitrofurantoin	5 days	Not recommended	Not recommended
Trimethoprim-sulfamethoxazole	3 days	14 days	14 days

¹In order for cystitis to be considered **uncomplicated**, none of the criteria for complicated infection can be present (see below)

²In order for cystitis to be considered **complicated**, only one of the following needs to be present: male, urinary catheter within last 48 hrs, fever, urinary tract abnormality, elevated systemic WBC count, pregnancy, renal failure, diabetes or immunosuppression

*When duration is given as a range, choose duration based on severity of infection AND rate of clinical improvement

Pneumonia

Empiric Antibiotic Choices			
Clinical Setting	Route	Preferred Therapy	Therapy for β -lactam allergy
Community-Acquired ¹ (patient does not require ICU admission)	IV		
	ORAL		
Community-Acquired ¹ (patient requires ICU admission)	IV		
	ORAL		
Healthcare or Hospital-Associated ² OR Ventilator-Associated ³	IV		
	ORAL		

Duration of Antibiotic Therapy	
Type	Duration*
Community-Acquired (not MRSA, <i>Legionella</i> or <i>Pseudomonas</i>)	5 days for levofloxacin 750 mg and azithromycin; 7-14 days for other antibiotics
Healthcare, Hospital, or Ventilator-Associated (not MRSA, <i>Legionella</i> or <i>Pseudomonas</i>)	8 days
<i>Legionella pneumophila</i>	7-10 days
MRSA	7-21 days
<i>Pseudomonas aeruginosa</i>	14-21 days

¹Symptom onset \leq 48 hrs from admission; ²Symptom onset \leq 48 hrs from admission or at another healthcare facility prior to admission; ³On ventilator w/in 48 hrs of symptom onset.

Skin and Soft Tissue Infections

Empiric Antibiotic Choices			
Type	Route	Preferred Therapy	Therapy for β -lactam allergy
Cellulitis, uncomplicated (not critically ill, no abscess)	ORAL		
	IV		
Cellulitis with furuncle, carbuncle, or abscess (does not include after abdominal surgery)	ORAL	+ incision, drainage, culture	+ incision, drainage, culture
	IV	+ incision, drainage, culture	+ incision, drainage, culture
Diabetic foot	ORAL		
	IV		

Duration of Antibiotic Therapy	
Type	Duration*
Cellulitis	5-10 days
Diabetic foot	7-14 days

Back of form can be customizable per institution needs and antimicrobial guidelines