

Empiric Antibiotic Recommendations for Outpatient Adult 2023

These agents are preferred for first-line empiric therapy for outpatient infections, based upon the 2018 DHS Expected Practice and IDSA/CDC updates. *Per FDA, avoid fluoroquinolones unless specifically indicated with no other treatment options.* Individual cases may dictate different antibiotic choices made on a case-by-case basis.

SKIN & SOFT TISSUE INFECTIONS (SSTI)	RESPIRATORY INFECTIONS	URINARY INFECTIONS
<p>Cellulitis (no purulence) (x 5-7 days) <i>Dual antibiotic treatment is not indicated.</i> Cephalexin* 500mg PO QID OR Clindamycin 450mg PO TID OR TMP-SMX* DS 1-2 tabs PO BID (2 tabs if >100kg)</p> <p>Purulent SSTI (x 5-7 days) <i>Dual antibiotic treatment is not indicated</i> Incision & Drainage first and then TMP-SMX* DS 1-2 tabs PO BID (2 tabs if >100kg) OR Doxycycline 100mg PO BID</p>	<p>Acute Bronchitis NO antibiotics are indicated. <i>Offer symptomatic management and realistic timeframe for cough resolution (2-4 wk). To help reframe patient's reference point, consider terminology such as "viral chest cold."</i></p> <p>Acute Exacerbation of Chronic Bronchitis (x 3-5d) <i>In patients with emphysema, COPD, or significant tobacco abuse, consider prescriptions for steroids and bronchodilators. Antibiotics help reduce risk of recurrence for moderate to severe symptoms (purulent sputum with dyspnea and/or increased sputum volume)</i> Azithromycin 500mg PO Daily x 3 days OR Doxycycline 100mg PO BID x 5 days</p> <p>Community-acquired Pneumonia (x 5 days) <u>Healthy adults without comorbidities:</u> Amoxicillin* 1g PO TID OR Doxycycline 100mg PO BID</p> <p><u>Adults with comorbidities¹:</u> Amoxicillin/clavulanate* 875/125mg PO BID AND Azithromycin 500mg PO x 1 day then 250mg PO x 4 days OR Levofloxacin* 750mg PO daily monotherapy</p>	<p>Asymptomatic Bacteriuria (x 5-7 days) Diagnosed by urine culture (>10⁵ CFU), <i>NOT</i> urinalysis. <i>No treatment indicated unless pregnant, received renal transplant in past 30 days, or undergoing GU procedure.</i> Nitrofurantoin (Macrobid)[†] 100mg PO BID x 5 days <i>If pregnant, consider:</i> Amoxicillin/clavulanate* 875/125mg PO BID x 7 days OR Cephalexin* 500mg PO BID x 7 days</p> <p>Cystitis <i>Refer to outpatient urinary antibiogram below to guide empiric treatment. Presence of squamous cells in the urinalysis indicates that the specimen is contaminated and cannot be used for UTI diagnosis.</i> Nitrofurantoin (Macrobid)[†] 100mg PO BID x 5 days OR TMP-SMX* DS 1 tab PO BID x 3 days <i>If history of ESBL, consider:</i> Fosfomycin^R 3gm PO x 1 dose <i>If pregnant, consider:</i> Amoxicillin/clavulanate* 875/125mg PO BID x 7 days OR Cephalexin* 500mg PO BID x 7 days</p> <p>Pyelonephritis (x 7 days) <i>Ceftriaxone 1g IV x1 can be considered in more severe cases pending cultures.</i> TMP-SMX* DS 1 tab PO BID OR Ciprofloxacin* 500mg PO BID</p>
EAR, NOSE, & THROAT INFECTIONS	GENITAL INFECTIONS	RESOURCES
<p>Otitis Externa (x 7 days) <i>Oral therapy is NOT recommended unless extension beyond the external ear canal or severely immunocompromised.</i> Use antibiotic ear drops (Cortisporin Otic 4 drops in affected ear TID OR Ciprodex 4 drops in affected ear BID). If perforated, use Ciprodex.</p> <p>Acute Sinusitis (x 5 days) <i>Mainly viral, consider watchful waiting with supportive measures. Consider antibiotics for failure to improve ≥10 d after onset of URI, or biphasic illness <10 d with worsening after initial improvement.</i> Amoxicillin/clavulanate* 875/125mg PO BID OR Doxycycline 100mg PO BID</p> <p>Group A Strep (GAS) Pharyngitis <i>Antibacterial therapy should only be used when testing shows the presence of GAS. Do not rely on Centor criteria to diagnose GAS.</i> Penicillin VK 500mg PO BID x 10 days OR Benzathine PCN 1.2 million units IM x 1 <i>If PCN allergy, Azithromycin 500mg PO x 3 days</i></p>	<p>Urethritis/Cervicitis <i>Empiric treatment for both gonorrhea and chlamydia is reasonable in symptomatic high risk patients. Screen for HIV/syphilis, use sexual assault order set if indicated.</i> Ceftriaxone 500mg IM [1g if >150kg] x1 AND Doxycycline monohydrate 100mg PO BID x 7 days <i>If pregnant (or known adherence issues), consider:</i> Azithromycin 1g PO x1</p>	<p>Expected Practices Harbor-UCLA Intranet > Clinical Care Library > ID</p> <p>Outpatient Urinary Antibiogram Harbor urine culture results from discharged ED, urgent care and clinic patients. https://wikem.org/wiki/Harbor:Antibiogram</p> <p>Consolidated Antibiogram Harbor-UCLA Intranet > Icon "Antibiogram / Antimicrobial Stewardship" > Important Infection Control Information (Link to antibiogram: 2022 antibiogram.pdf)</p>

* Medication is renally adjusted

¹ Chronic heart/liver/lung/renal disease, diabetes, alcoholism, malignancy, or asplenia

^R Restricted antimicrobials – requires ID approval

[†] The Beers Criteria recommends avoiding use in geriatric patients (>65yo) with CrCl <30 mL/min