

## Harbor-UCLA Medical Center Empiric Antibiotic Recommendations for Outpatient Adult 2022

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)

#### Cellulitis (no purulence) (x 5-7 days)

Dual antibiotic treatment is **not indicated**.

Cephalexin\* 500mg PO QID OR  
Clindamycin 450mg PO TID OR  
TMP-SMX\* DS 1-2 tabs PO BID (2 tabs if >100kg)

#### Purulent SSTI (x 5-7 days)

Dual antibiotic treatment is **not indicated**

Incision & Drainage first and then  
TMP-SMX\* DS 1-2 tabs PO BID (2 tabs if >100kg)  
OR Doxycycline 100mg PO BID

### EAR, NOSE, & THROAT INFECTIONS

#### Otitis Externa (x 7 days)

Oral therapy is **NOT** recommended unless extension beyond the external ear canal or severely immunocompromised.

Use antibiotic ear drops (Cortisporin Otic 4 drops in affected ear TID OR Ciprodex 4 drops in affected ear BID). If perforated, use Ciprodex.

#### Acute Sinusitis (x 5 days)

Mainly viral, consider watchful waiting with supportive measures. Consider antibiotics for failure to improve  $\geq 10$  d after onset of URI, or biphasic illness <10 d with worsening after initial improvement.

Amoxicillin/clavulanate\* 875/125mg PO BID OR  
Doxycycline 100mg PO BID

#### Group A Strep (GAS) Pharyngitis

Antibacterial therapy should **only be used** when testing shows the presence of GAS. Do not rely on Centor criteria to diagnose GAS.

Penicillin VK 500mg PO BID x 10 days OR  
Benzathine PCN 1.2 million units IM x 1  
If PCN allergy, Azithromycin 500mg PO x 3 days

\* Medication is renally adjusted

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

### RESPIRATORY INFECTIONS

#### Acute Bronchitis

**NO** antibiotics are indicated; 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."

#### Acute Exacerbation of Chronic Bronchitis (x 3-5d)

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**)

Azithromycin 500mg PO Daily x 3 days OR  
Doxycycline 100mg PO BID x 5 days

#### Community-acquired Pneumonia (x 5 days)

Healthy adults without comorbidities:

Amoxicillin\* 1g PO TID OR  
Doxycycline 100mg PO BID

Adults with comorbidities<sup>1</sup>:

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

### GENITAL INFECTIONS

#### Urethritis/Cervicitis

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.

Ceftriaxone 500mg IM [1g if >150kg] x1 AND  
Doxycycline monohydrate 100mg PO BID x 7 days  
OR Azithromycin 1g PO x1 (if pregnant)

<sup>R</sup> Restricted antimicrobials – requires ID approval

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

### URINARY INFECTIONS

#### Asymptomatic Bacteriuria (x 5-7 days)

**Diagnosed by urine culture (>10<sup>5</sup> CFU), NOT urinalysis.** No treatment indicated unless pregnant, received renal transplant in past 30 days, or undergoing GU procedure.

Nitrofurantoin (Macrobid)<sup>†</sup> 100mg PO BID x 5d  
If pregnant, consider:

Amoxicillin/clavulanate\* 875/125mg PO BID x 7 days OR Cephalexin\* 500mg PO BID x 7 days

#### Cystitis

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**.

Nitrofurantoin (Macrobid)<sup>†</sup> 100mg PO BID x 5 days OR TMP-SMX\* DS 1 tab PO BID x 3 days

If history of ESBL, consider:

Fosfomycin<sup>R</sup> 3gm PO x 1 dose

If pregnant, consider:

Amoxicillin/clavulanate\* 875/125mg PO BID x 7 days OR Cephalexin\* 500mg PO BID x 7 days

#### Pyelonephritis (x 7 days)

Ceftriaxone 1g IV x1 can be considered in more severe cases pending cultures.

TMP-SMX\* DS 1 tab PO BID OR

Ciprofloxacin\* 500mg PO BID

### RESOURCES

#### Expected Practices

Harbor-UCLA Intranet > Clinical Care Library > ID  
**Outpatient Urinary Antibiogram**

2021 Harbor urine culture results from discharged ED, urgent care and clinic patients.  
<https://wikem.org/wiki/Harbor:Antibiogram>

#### Consolidated Antibiogram

Harbor-UCLA Intranet > Infection Prevention and Control > Important Infection Control Information