

Antibiotic Use Guidelines

Urinary Tract Infection, Cystitis Acute, Uncomplicated

Medication	Dose	Duration of Therapy
Local resistance rate <20%:		
Trimethoprim/Sulfamethoxazole	160/800mg po twice daily	3 days
+/- Pyridium	200mg po three times daily	2 days
Sulfa Allergy or >20% resistance to TMP-SMX:		
Nitrofurantoin	100mg po twice daily	5 days
Fosfomycin (Monurol)	1 packet (3 grams) po dissolved in 4 oz water	1 dose
Alternative Regimens:		
Ciprofloxacin	250-500mg po twice daily	3-14 days
Levofloxacin	250mg po daily	3 days
Cephalexin	250mg po four times daily or 500mg twice daily	5-7 days
Amoxicillin/Clavulanate	500-875mg po twice daily or 250-500mg po three times daily	5-7 days

1. Nicolle et al. Infectious Diseases Society of America Guidelines for the Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults. Infectious Diseases Society of America. 2005 March 1:40

2. Mehnert-Kay SA. Diagnosis and management of uncomplicated urinary tract infections. Am Fam Physician. 2005 Aug 1;72(3):451-6. Review. PubMed PMID: 16100859.

3. Antimicrobial Therapy. Sanford Health; Sioux Falls, SD.

Renal Dose Adjustments:

Trimethoprim/Sulfamethoxazole	CrCl 15-30 mL/min	80/400mg po twice daily
Ciprofloxacin	CrCl <30 mL/min	500mg ER po daily
Levofloxacin	CrCl 10-19 mL/min	250mg po q48 hours (Uncomplicated UTI = no dose adjustment)
Cephalexin	CrCl 15-29 mL/min	250mg po q8 or 12 hours
Amoxicillin/Clavulanate	CrCl <10 mL/min	500-875 mg po q24 hours

Lower Respiratory Infections

Medication	Dose	Duration of Therapy
Community Acquired Pneumonia:		
Azithromycin	500mg po x 1 dose then 250mg po daily days 2-5	5 days
Clarithromycin	500mg po twice daily	7 days
Prior antibiotic use within 3 months:		
Azithromycin or Clarithromycin + Amoxicillin	500mg po x 1 dose then 250mg po daily days 2-5 500mg po twice daily 1g po three times daily	5 days
Amoxicillin-Clavulanate ER	1000mg/62.5mg: 2 tabs po twice daily	7-10 days
Levofloxacin	750mg po daily	5 days
Alternative Regimens:		
No Co-morbidities:		
Doxycycline	100mg po twice daily	5-7 days
Co-morbidities present:		
Moxifloxacin	400mg po daily	5-7 days
Cephalexin	250mg po four times daily or 500mg po twice daily	5-7 days
(Azithromycin or Clarithromycin) + (Amoxicillin or Amoxicillin/Clavulanate or Cefdinir or Cefpodoxime or Cefprozil)	500mg po twice daily x 1 dose 500mg po twice daily 1g po three times daily 1000/662.5mg: 2 tabs po twice daily 300mg po twice daily 200mg po twice daily 500mg po twice daily	7 days

1. Mandell, Wunderink, et al. Infectious Disease Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults. Infectious Diseases Society of America. 2007 March 1:44(2):S27-S72.

2. Antimicrobial Therapy. Sanford Health; Sioux Falls, SD.

Renal Dose Adjustments

Clarithromycin	CrCl <30 mL/min	200mg po twice daily
Amoxicillin	GFR 10-30 mL/min	250 - 500mg po twice daily
	GFR <10 mL/min	250 - 500mg po daily
Amoxicillin/Clavulanate	CrCl <10 mL/min	1000mg/62.5mg: 2 tabs po daily
Levofloxacin	CrCl 20-49 mL/min	750mg po q48 hours
	CrCl 10-19 mL/min	750mg po initially then 500mg q48 hours
Cephalexin	CrCl 15-29 mL/min	250mg po q8 or 12 hours
Cefdinir	CrCl <30 mL/min	300mg po daily
Cefpodoxime	CrCl 10-39 mL/min	200mg po daily
	CrCl <10 mL/min	200mg po q48 hours
Cefprozil	CrCl <30 mL/min	250mg po twice daily

Skin and Soft Tissue Infections
Cellulitis

Medication		Dose	Duration of Therapy
Non-Diabetic			
Penicillin VK		500mg po four times daily	5 days
Amoxicillin		500mg po three times daily	5 days
*History of penicillin skin rash:			
Cephalexin		500mg po four times daily	10 days
*History of allergic reaction to beta lactams:			
Azithromycin		500mg po x1 dose then 250mg po daily days 2-5	5 days
Linezolid (reserved for MRSA typically)		600mg po twice daily	10 days
Tedizolid		200mg po daily	6 days
*Clinically unclear if infection is due to <i>S. pyogenes</i> or <i>Staph. aureus</i> –get cultures and start:			
S. pyogenes	Amoxicillin	500mg po three times daily	5 days
	Penicillin VK	500mg po four times daily	5 days
	Cephalexin	500mg po four times daily	10 days
Staph. aureus (MRSA)	Trimethoprim-Sulfamethoxazole	160/800mg: 1-2 tablets po twice daily	5 days
Diabetic			
Trimethoprim-Sulfamethoxazole + (Penicillin VK or Cephalexin)		160/800mg: 1-2 tablets po twice daily 500mg po four times daily 500mg po four times daily	5 days

1. Stevens, Bisno, et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Disease Society of America. Infectious Diseases Society of America. 2014 July 15:59(2):e10-e52.

2. Antimicrobial Therapy. Sanford Health; Sioux Falls, SD.

Renal Dose Adjustments

Amoxicillin	GFR 10-30 mL/min	250 - 500mg po twice daily
	GFR <10 mL/min	250 - 500mg po daily
Cephalexin	CrCl 15-29 mL/min	250mg po q8 or 12 hours
Trimethoprim/Sulfamethoxazole	CrCl 15-30 mL/min	80/400mg: 1-2 tabs po twice daily

Clostridium Difficile Infection

Medication	Dose	Duration of Therapy
Mild to Moderate Infection:		
Metronidazole	500mg po three times daily	10-14 days
*If no response after 5 days, switch to vancomycin 125mg po four times daily x 10-14 days		
Fidaxomicin	200mg po twice daily	10 days
Severe Infection:		
Vancomycin	125mg po four times daily	10-14 days
Severe Complicated:		
Vancomycin	500mg po four times daily + 500mg in 100ml NS rectally every 6 hours	10-14 days

1. Cohen, S., Gerding, D., Johnson, S., Kelly, C., Loo, V., McDonald, L., . . . Wilcox, M. (2010). Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infection Control and Hospital Epidemiology*, 31(5), 431-455. doi:10.1086/651706

2. Suravicz, C. M., Brandt, L. J., & Binion, D. G. (2013). Guidelines for Diagnosis, Treatment, and Prevention of Clostridium difficile Infections. *American College of Gastroenterology*, 108, 10.103b/ajg.2013.4, 478-498. Retrieved from <https://gi.org/guideline/diagnosis-and-management-of-c-difficile-associated-diarrhea-and-colitis/>.