

EMPIRIC ANTIBIOTIC THERAPY FOR IMMUNOCOMPETENT ADULTS WITH SEPSIS

Approved MMC September 2018, Review September 2021 For patients in septic shock – discuss with on-call microbiologist

Indication	Antibiotics	Penicillin Allergy	History of MRSA
Meningitis	Ceftriaxone IV 2g 12 hrly If ≥ 50yrs <u>ADD</u> Amoxicillin IV 2g 4 hrly	<u>Mild Allergy (Rash)</u> <50 yrs: Ceftriaxone IV 2g 12 hrly >50 yrs: Meropenem IV 2g 8 hrly <u>Severe Allergy (Anaphylaxis)</u> Chloramphenicol IV 1g 6 hrly	No change
Meningo-Encephalitis	As above <u>PLUS</u> Aciclovir IV 10mg/kg 8 hrly	As above <u>PLUS</u> Aciclovir IV 10mg/kg 8 hrly	No change
Community Acquired Pneumonia	<u>non ITU:</u> Benzylpenicillin IV 1.2 g 6 hrly <u>PLUS</u> Clarithromycin IV 500mg 12 hrly <u>Patients <75 years in ITU:</u> Co-amoxiclav IV 1.2 g 8 hrly <u>PLUS</u> Clarithromycin IV 500mg 12 hrly <u>Patients ≥75 years in ITU:</u> Piperacillin-tazobactam 4.5g IV 8 hrly <u>PLUS</u> Clarithromycin IV 500mg 12 hrly	<u>Mild Allergy (Rash)</u> Cefuroxime IV 1.5g 8 hrly <u>PLUS</u> Clarithromycin 500mg 12 hrly <u>Severe Allergy (Anaphylaxis)</u> Levofloxacin 500 mg PO/IV 12 hourly <i>(Use PO Levofloxacin if appropriate as it is well absorbed)</i>	Add vancomycin IV ♦
Hospital Acquired Pneumonia	<u>Patients ≥75 years:</u> Piperacillin-tazobactam 4.5g IV 8 hrly ★ <u>Patients <75 years:</u> Co-amoxiclav IV 1.2 g 8 hrly ★	<u>Mild Allergy (Rash)</u> Cefuroxime IV 1.5g 8 hrly ★ <u>Severe Allergy (Anaphylaxis)</u> Levofloxacin 500mg PO/IV 12 hourly <i>(Use PO Levofloxacin if appropriate as it is well absorbed)</i>	<u>ADD</u> Linezolid 600mg PO/IV 12 hourly or Vancomycin IV ♦
Urinary Sepsis	<u>Patients <75 years:</u> Gentamicin IV ONCE DAILY Hartford regimen (See guideline) ★ <u>If GFR < 30ml/min or other exclusions to Gentamicin:</u> Co-amoxiclav 1.2g IV 8 hourly ★ <u>Patients ≥75 years:</u> Piperacillin-tazobactam 4.5g IV 8 hourly ★	<u>Patients <75 years:</u> Gentamicin IV ONCE DAILY Hartford regimen (See guideline) ★ <u>Patients ≥75 years or if GFR < 30ml/min or other exclusions to Gentamicin:</u> <u>If Mild Penicillin Allergy:</u> Cefuroxime 1.5g IV 8 hourly ★ <u>If Severe Penicillin Allergy:</u> Ciprofloxacin 500mg PO/400mg IV 12 hourly <i>(Use oral if appropriate as it is well absorbed)</i>	Add Vancomycin IV ♦
Intra-abdominal Sepsis	Amoxicillin 1g IV 8 hourly <u>PLUS</u> Metronidazole 500mg IV 8 hourly <u>PLUS</u> Gentamicin IV ONCE DAILY Hartford regimen (See guideline) ★ <u>If GFR < 30ml/min or other exclusions to Gentamicin:</u> <u>Patients ≥75 years:</u> Piperacillin-tazobactam 4.5g IV 8 hourly ★ <u>Patients <75 years:</u> Co-amoxiclav 1.2g IV 8 hourly ★	Tigecycline 100mg IV stat, then 50 mg IV 12 hourly. <u>If patient has severe sepsis consider adding:</u> Gentamicin IV ONCE DAILY Hartford regimen (see guideline)	Add Vancomycin IV ♦ (unless on Tigecycline)
Cellulitis	Flucloxacillin IV 2g 6 hrly	Vancomycin IV ♦	Vancomycin IV ♦ <i>instead of</i> Flucloxacillin
Necrotising fasciitis	Meropenem IV 1g 8 hrly <u>PLUS</u> Vancomycin IV	Vancomycin IV ♦ <u>PLUS</u> Ciprofloxacin IV 400mg 12 hrly <u>PLUS</u> Clindamycin IV 1.2g 6 hrly	Add Vancomycin IV ♦ (if not included in regimen)
Sepsis of Unknown Origin	<u>Patients ≥75 years:</u> Piperacillin-tazobactam 4.5g IV 8 hrly ★ <u>Patients <75 years:</u> Co-amoxiclav IV 1.2 g 8 hrly ★	Vancomycin IV ♦ <u>PLUS</u> Ciprofloxacin IV 400mg 12 hrly <u>PLUS</u> Metronidazole IV 500mg 8 hrly	Add Vancomycin IV ♦ (if not included in regimen)

★ - If history of ESBL, use ERTAPENEM 1g OD ♦ Vancomycin doses as per Vancomycin Guidelines.
Dose adjustments may be required in hepatic/renal impairment – check in the BNF.