

ADULT TREATMENT CARDS

Acute Bacterial Rhinosinusitis	Diagnosis	Treatment	Typical Duration
	<p>Common signs and symptoms</p> <ul style="list-style-type: none"> - new onset of fever - headache - Color or purulence and/or increase in nasal discharge - Maxillary toothache - cough <p>Consider antibiotic if one of the following:</p> <ul style="list-style-type: none"> - Persistent signs and/or symptoms lasting ≥ 10 days without clinical improvement - Severe signs and/or symptoms of high fever and purulent discharge or facial pain lasting for at least 3-4 consecutive days at the beginning of illness - Initial improvement of signs and/or symptoms that after 5-6 days worsen 	<ul style="list-style-type: none"> - Drug of Choice <ul style="list-style-type: none"> o Amoxicillin-clavulanate o <i>High dose for treatment failure</i> - If penicillin allergy: <ul style="list-style-type: none"> o Doxycycline - If penicillin and doxycycline allergy, intolerance, or treatment failure: <ul style="list-style-type: none"> o Levofloxacin o Moxifloxacin - Treatment failure <ul style="list-style-type: none"> o <i>if no improvement after 3-5 days</i> 	<ul style="list-style-type: none"> - 5-7 days

COPD Exacerbation	Diagnosis	Treatment	Typical Duration
	<p>Three cardinal symptoms: <i>(Patient must present with all three)</i></p> <ul style="list-style-type: none"> - Increase in dyspnea - Increase in sputum volume/viscosity - Increase in sputum purulence <p>OR patient can have two of the cardinal symptoms if increased sputum purulence is one of the two symptoms</p> <p>OR patient requires mechanical ventilation</p> <p>Use of antibiotics remains controversial</p>	<p>Empiric treatment:</p> <ul style="list-style-type: none"> - Azithromycin, cefpodoxime or cefuroxime <p>Risk of poor outcomes without risk of <i>Pseudomonas aeruginosa</i></p> <ul style="list-style-type: none"> - amoxicillin-clavulanate, levofloxacin or moxifloxacin <p>Risk of poor outcomes and <i>Pseudomonas aeruginosa</i></p> <ul style="list-style-type: none"> - Ciprofloxacin + amoxicillin or levofloxacin - Choice of antibiotic should be based on local bacterial resistance patterns 	<p>Outpatient treatment: <u>3-5</u> days</p>

Community-Acquired Pneumonia (CAP)

Diagnosis	Treatment	Typical Duration
<p>Outpatient Setting</p> <ul style="list-style-type: none"> - Recommend against obtaining sputum Gram stain and culture, or - blood cultures - Antimicrobial therapy should be initiated in patients with clinically suspected and radiographically confirmed CAP 	<p>Without comorbidities</p> <ul style="list-style-type: none"> - Amoxicillin - Doxycycline - Macrolide in areas with resistance < 25% <ul style="list-style-type: none"> ○ azithromycin or clarithromycin <p>With comorbidities (Chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancy; or asplenia):</p> <p>Combination therapy</p> <ul style="list-style-type: none"> - Amoxicillin-clavulanate PLUS macrolide (azithromycin or clarithromycin) or - Amoxicillin-clavulanate PLUS doxycycline - Cephalosporin (cefepodoxime or cefuroxime axetil) PLUS macrolide (azithromycin or clarithromycin) or - Cephalosporin (cefepodoxime or cefuroxime axetil) PLUS doxycycline <p>Monotherapy</p> <ul style="list-style-type: none"> ○ Respiratory fluoroquinolone (levofloxacin, moxifloxacin) 	<ul style="list-style-type: none"> - 5-7 days - Duration should be based on clinical stability (resolution of vital sign abnormalities, ability to eat, normal mentation) and continued until patient achieves stability

	Diagnosis	Treatment	Typical Duration
Urinary Tract Infection (UTI) Acute Cystitis (female)	Symptoms <ul style="list-style-type: none"> - Dysuria - Urgency or frequency - Suprapubic pain - No evidence of pyelonephritis (e.g. costovertebral angle [CVA] = flank pain, more significant systemic symptoms) Perform prior to starting antibiotics: <ul style="list-style-type: none"> - Clean-catch dipstick /urinalysis^{1,2} - Urine microscopy & culture 	Recommended agents: <ul style="list-style-type: none"> - Nitrofurantoin monohydrate/macrocrystals - Cefuroxime or cephalexin Only when above agents cannot be used: <ul style="list-style-type: none"> - Sulfamethoxazole/trimethoprim (TMP-SMX) - Ciprofloxacin - Fosfamycin 	If uncomplicated, use shortest duration: <ul style="list-style-type: none"> - Nitrofurantoin: 5-7 days - Cefuroxime or cephalexin: 5-7 days - TMP-SMX: 3-7 days - Ciprofloxacin: 3-7 days - Fosfomycin: single dose vs. three separate doses q24hr

	Diagnosis	Treatment	Typical Duration
Urinary Tract Infection (UTI) Acute Cystitis (male)	Symptoms <ul style="list-style-type: none"> - Dysuria - Urgency and/or frequency - Suprapubic pain - No prostate involvement or pyelonephritis Perform prior to starting antibiotics: <ul style="list-style-type: none"> - Clean-catch dipstick / urinalysis^{1,2} - Urine microscopy & culture 	Recommended agents: <ul style="list-style-type: none"> - Nitrofurantoin monohydrate/macrocrystals - Cefuroxime or cephalexin Only when above agents cannot be used: <ul style="list-style-type: none"> - Sulfamethoxazole/trimethoprim (Bactrim) - Ciprofloxacin - Fosfamycin 	If uncomplicated*, use shortest duration: <ul style="list-style-type: none"> - Nitrofurantoin: 5-7 days - Cefuroxime or cephalexin: 5-7 days - Bactrim: 3-7 days - Ciprofloxacin: 3-7 days - Fosfomycin: single dose vs. three separate doses q24hr

¹A positive urinalysis alone does not indicate the need for antibiotic treatment, with the following exceptions: pregnancy, traumatic genitourinary procedures associated with mucosal bleeding, and immunosuppressed patients

² Urinalysis criteria: pyuria (WBCs ≥10/hpf +/- positive leukocyte esterase)

***Uncomplicated UTI**: non-pregnant females, immunocompetent, no known urologic abnormalities / **complicated UTI**: males, pregnant or pre-adolescent females (see pediatric guidelines); immunocompromised (e.g. high dose steroids, immunosuppressive therapy, neutropenia, advanced HIV), metabolic disorders (e.g. poorly controlled diabetes: A1C >8; CKD: CrCl < 30 mL/min), presence of indwelling urinary catheter, structural abnormalities (e.g. stents, surgical alterations), Other urologic abnormalities (e.g. neurogenic bladder)

Of note: bacteriuria occurs at a rate of 3-8% per day of indwelling catheterization. This does not warrant treatment unless symptoms are present. Treat patients for a duration of 7 days (prompt resolution) or 10-14 days (delayed response)

Urinary Tract Infection (UTI) Uncomplicated Pyelonephritis	Diagnosis	Treatment	Typical Duration
	Symptoms <ul style="list-style-type: none"> - Fevers, chills - CVA tenderness - Dysuria and/or urgency - Nausea, vomiting Perform prior to starting antibiotics: <ul style="list-style-type: none"> - Clean-catch dipstick / urinalysis - Urine microscopy & culture 	If starting with oral antibiotics: <ul style="list-style-type: none"> - TMP-SMX - Ciprofloxacin - Cefuroxime or cephalexin (use with caution, studies have shown inferior efficacy in pyelonephritis compared with TMP-SMX or fluoroquinolones) If starting with parental therapy due to severity of illness: <ul style="list-style-type: none"> - Ceftriaxone (IM or IV) - Gentamicin (IM or IV) 	Oral antibiotics: <ul style="list-style-type: none"> - TMP-SMX: 14 days - Ciprofloxacin: 7 days - Cefuroxime or cephalexin: 10-14 days Parental antibiotics: <ul style="list-style-type: none"> - Ceftriaxone: 1 dose - Gentamicin: 1 dose

SSTI non-purulent (Cellulitis, Erysipelas)	Diagnosis	Treatment	Typical Duration
	<p>Cultures not routinely recommended.</p> <p>Exceptions</p> <ul style="list-style-type: none"> - Animal bite wounds - Immersion injuries - Neutropenia - Cancer patients receiving chemotherapy - Severe cell-mediated immunodeficiency <p>Mild: no signs/symptoms of systemic infection Moderate: signs/symptoms of systemic infection Severe: signs/symptoms of systemic infection and/or immunocompromised state</p>	<p>Mild: (oral)</p> <ul style="list-style-type: none"> - Penicillin VK, cephalosporin, dicloxacillin, or clindamycin <p>Moderate: (intravenous)</p> <ul style="list-style-type: none"> - Penicillin, ceftriaxone, cefazolin, clindamycin <p>Severe: (intravenous)</p> <ul style="list-style-type: none"> - Empiric treatment: vancomycin plus piperacillin/tazobactam <p>Outpatient therapy is recommended for patients who do not have SIRS, altered mental status, hemodynamic instability</p>	<p>5-10 days is common. Up to 14 days based on severity and slower healing lesions. If BSI, duration may be longer</p>

SSTI purulent (Furuncle, Carbuncle, Abscess)	Diagnosis	Treatment	Typical Duration
	<ul style="list-style-type: none"> • Larger furuncles, carbuncles and abscesses may utilize Gram stain and culture of pus is recommended, but treatment without these is reasonable. • Recurrent abscess should have gram stain and culture from incision and drainage performed <p>Mild: no signs/symptoms of systemic infection and/or abscess < 2 cm Moderate: signs/symptoms of systemic infection Severe: signs/symptoms of systemic infection and/or immunocompromised state and /or status post I&D with oral antimicrobial failure (no improvement 24-48 hours of antibiotics post I&D) or ongoing issues with source control</p>	<p>Mild</p> <ul style="list-style-type: none"> - I&D only; abx. often not needed <p>Moderate</p> <ul style="list-style-type: none"> - I&D/systemic workup - Oral sulfamethoxazole-trimethoprim, doxycycline, or minocycline - May require IV therapy depending on systemic illness - If MRSA: sulfamethoxazole-trimethoprim - If MSSA/S. pyogenes: dicloxacillin or cephalexin <p>Severe</p> <ul style="list-style-type: none"> - Like moderate with empiric IV therapy - IV antimicrobial covering MRSA <ul style="list-style-type: none"> o Vancomycin, daptomycin - Targeted MSSA: <ul style="list-style-type: none"> o Nafcillin, cefazolin, clindamycin 	<p>At least 5 days after SSTI source control, but depends on degree of systemic infection including evaluation for BSI.</p> <p>Up to 14 days based on severity and slower healing abscesses. If BSI, duration may be longer</p>