

**University of California Davis Health**  
**EMPIRIC ANTIBIOTIC GUIDELINES FOR ED PATIENTS: ADULTS**

Pre-approval of restricted antibiotics not required for initial “one time” dose in the ED **provided drug and indication are listed** in this table.

CONDITION	ADMIT OR DIS - CHARGE	CULTURE NEEDED?	1 <sup>ST</sup> CHOICE	ALTERNATIVES (intolerant to 1 <sup>st</sup> choice)
<b>Cellulitis</b> Mild	Discharge	No	Dicloxacillin 500 mg PO Q6H or Cephalexin 500 mg PO Q6H	Clindamycin 300 mg PO Q6H
Moderate  Consider Dalbavancin Pathway for patients ≥12 years of age as an alternative to hospitalization.	Admit	No	Cefazolin 1-2g IV /Cephalexin 500mg PO Q6H	1. Clindamycin 900 mg IV / 300mg PO Q6H <i>or</i> 2. Nafcillin 2 gms IV/ Dicloxacillin 500mg PO Q6h
Severe (includes diabetic foot)	Admit	Yes Blood Culture	Ceftriaxone 2g <i>and</i> vancomycin IV	Rule out necrotizing process – emergency surgical debridement. Consult General Surgery
<b>Necrotizing soft tissue infection</b>	Admit Call Surgery	Yes	Clindamycin 900 mg IV <i>and</i> piperacillin/tazobactam IV <i>and</i> Vanco IV	(Pen allergic pts) Clindamycin 900 mg IV <i>and</i> Gentamicin 5mg/kg <i>and</i> Vancomycin 1 gm IV
<b>Abscess – Skin</b> Mild < 5 cm	Discharge	No	I & D Consider to reduce recurrence of infection TMP-SMX (Bactrim-Septra) 2 DS BID 5 – 7 days	I & D Consider to reduce recurrence of infection Doxycycline 100 mg PO BID x 5 – 7 days
Moderate > 5 cm  Consider Dalbavancin Pathway for patients ≥12 years of age as an alternative to hospitalization.	Discharge	Yes Send syringe	TMP-SMX (Bactrim-Septra) 2 DS BID 5 – 7 days	Doxycycline 100 mg PO BID x 5 – 7 days
Severe	Admit	Yes Send syringe	Vancomycin 15-20mg/kg/dose IV Q8-12H, not to exceed 2g/dose	Clindamycin 900 mg IV <i>or</i> Daptomycin 4mg/kg IV (Requires ID approval) Linezolid 600mg IV BID (Requires ID approval)
<b>Dog, Cat &amp; Human Bites</b> Prophylaxis of “high risk” bites	Discharge	No	Amoxicillin/clavulanate PO x 3 – 5 days	1. Doxycycline 100mg PO <i>or</i> 2. Levofloxacin 500 mg PO
Low risk infections (discharge home)	Discharge	Yes	Amoxicillin/clavulanate PO x 5 – 10 days	Clindamycin 300 mg <i>and</i> Levofloxacin 500 mg PO
High risk infections (admit)	Admit	Yes	Ampicillin/sulbactam 3g IV	Clindamycin 900 mg IV <i>and</i> Levofloxacin 750 mg IV
<b>Open fractures:</b>	See <a href="#">open fracture guideline</a>			
<b>Pneumonia:</b> CAP Send home (no comorbidities )	Discharge	No	Doxycycline PO 100 mg BID x 5 days	Levofloxacin 750 mg for 5 days
CAP Send home (with comorbidities) Admit to floor CAP	Discharge	No	Doxycycline PO 100 mg BID x 5 days <i>and</i> Amoxicillin 1g TID	Levofloxacin 750 mg for 5 days
	Admit	Yes Blood Culture Sputum Culture	Ceftriaxone 1-2 gm IV <i>and</i> Doxycycline 200 mg IV/PO	Severe beta-lactam allergy: Levofloxacin 500 – 750 mg IV/PO Q24H
ICU admission CAP	ICU	Yes Blood Culture Sputum Culture	Ceftriaxone 1-2 gm IV <i>and</i> Doxycycline 200 mg IV +/- Vancomycin 1gm IV	Vancomycin 1 gm <i>and</i> Levofloxacin 750 mg IV
Admit to floor HAP	See <a href="#">HAP guidelines</a>			
ICU admission HAP	See <a href="#">HAP guidelines</a>			
Sepsis (urosepsis, septic shock, etc.)	See <a href="#">Sepsis Guidelines</a>			
Meningitis (adult, bacterial)	Admit	Meningitis Encephalitis Panel Yes: CSF Yes: Blood	Ceftriaxone 2 gm IV <i>and</i> Vancomycin 1 gm IV (<60 kg) Vancomycin 1.5 gm IV (>60 kg) +/- Ampicillin 2g IV (Age > 50 or immunocompromised) Consider Dexamethasone 10mg IV	Call ID Fellow/Attending
<b>Gonorrhea (uncomplicated)</b>	Discharge	NAAT	Ceftriaxone 500mg IM x 1 <i>If greater than 150 pounds give 1g IM x1</i>  If chlamydial infection has not been excluded, treat with doxycycline 100 mg PO BID x 7 days. If pregnant give azithromycin 1g x1	(Severe Penicillin allergy) Azithromycin 2g x PO x 1 <i>and</i> gentamicin 240mg IM x1
<b>Early Syphilis</b> (Late syphilis – Call ID)	Discharge		Penicillin Benzathine 2.4 million units IM x 1	(Pen allergic) Doxycycline 100mg PO BID x 10 days
<b>Urethritis (non-gonococcal)</b>	Discharge	Gram Stain/NAAT	Doxycycline 100mg BID PO x 7 days	Azithromycin 1g PO x1
Cystitis (uncomplicated)	Discharge	Yes: Urine Culture	Nitrofurantoin 100 mg po BID x 5 days	Cephalexin 500mg q8h x 7 days
<b>Pyelonephritis</b> Uncomplicated (send home)	Discharge	Yes: Urine Culture	Ceftriaxone 1g IV x 1 Levofloxacin 750 mg PO Q24H x 5 days	TMP-SMX DS PO BID x 7 – 10 days
<b>Complicated cystitis/pyelonephritis</b> Admit to floor	Admit	Yes: Urine Culture	Ceftriaxone 1 gm IV <i>and</i> Consider adding Gentamicin 5 mg/kg IV	Levofloxacin 500 mg IV <i>and</i> Gentamicin 5 mg/kg IV
<b>Abdomen Infections</b> Acute cholecystitis	Admit	Yes: Blood Culture	Ceftriaxone 1 gm IV	Levofloxacin 500 mg IV
<b>SBP – See SBP prophylaxis guidelines</b>	Admit	Yes: Fluid and Blood Culture	Ceftriaxone 1 gm IV	Levofloxacin 750 mg IV

Appendicitis or Diverticulitis or Unknown abdominal source	Admit	Yes: Blood Culture	Ceftriaxone 1 gm IV <i>and</i> Metronidazole 500 mg IV	Clindamycin 900 mg IV <i>and</i> Aztreonam 1gm IV (pen allergic)
<b>Ear, Nose, Throat</b> Sinusitis >10 days symptoms <i>OR</i> fever with purulent discharge >3 days	Discharge	No	Amoxicillin/clavulanic acid 875/125 BID x 5 – 7 days	Doxycycline 100 BID x 5 – 7 days Levofloxacin 500 QD x 5 – 7 days

Please write diagnosis (condition) in order sent to pharmacy.

The above table provides guidelines and does not impose rigid restrictions.

The clinical presentation of individual patients may require use of different antibiotics.