Empiric Antibiotics for Suspected Infection

Step 1 Select one of the following:	Zosyn 4.5 g IV q6 *	Pro: anaerobic coverage Con: does not penetrate CNS
	Cefepime 2g IV q8h*	Pro: penetrates CNS Con: does NOT cover anaerobes
Step 2 Add MRSA coverage with one of the following:	Vancomycin 25/kg mg IV x1 then 15 mg/kg TID* w/pharmacy consult ** drug of choice for bacteremia	Pro: preferred for suspected bacteremia Con: complicated dosing, large volume of fluid
	Preferred for suspected VAP/HAP: Linezolid 600 mg po/IV BID (oral preferred)	Pro: can be given po to minimize fluid, easy to dose Con: bacteriostatic – not appropriate for bacteremia **obtain MRSA PCR and discontinue if MRSA is not detected
Step 3 Consider adding anaerobic coverage if using cefepime (when source is anything other than pneumonia)	Flagyl 500 mg po/IV Q8h	Can be given po or IV, oral preferred
Step 4 Review previous cultures & consider specific situations:	History of multidrug resistant gram-negative rods: Meropenem 1g IV q8h* instead of Zosyn or cefepime	****meropenem is ONLY for documented multidrug resistant organisms or failure of Zosyn/Cefepime with attending/pharmD approval.**
	History of organisms requiring specific coverage	Example, previous history of Enterobacter, use cefepime over Zosyn. Ask pharmD for assistance if needed.
	CNS infection	Vanc or linezolid PLUS Cefepime 2g IV q8 (or meropenem 2g IV q8 if history of cefepime resistance) PLUS Flagyl 500 mg PO/OV q8h
	Intra-abdominal infection	Does not usually need MRSA coverage Zosyn (preferred for enterococcus coverage) OR cefepime/Flagyl (if unable to use Zosyn)

*Requires renal dose adjustment

This chart is for empiric coverage only. Antibiotics should be adjusted once culture data is available