Dignity Health.
St. Joseph's Medical Center

Adult Antibiotic Dosing Recommendations

Amoxicillin (Amoxil):*
1 gram PO every 8 hours for pneumonia. May use 500 mg to 1 gram PO every 8 hours for most indications.

Amoxicillin/clavulanate (Augmentin)*:
875 mg PO BID for most indications; may increase to every 8 hours for intra-abdominal infections

Azithromycin:
500 mg x 1 on day 1 followed by 250 mg PO daily x 4 days
May also consider 500 mg po daily x 3 days

Cefdinir*:
300 mg PO BID

Cephalexin*:
500 mg PO every 6 hours

Ciprofloxacin*:
500 mg to 750 mg PO BID

Doxycycline:
100 mg PO BID

Levofloxacin*:
500 mg to 750 mg PO daily

Metronidazole:
500 mg PO every 8 hours

Nitrofurantoin monohydrate/macrocrystals:**
100 mg PO BID

* Renal dose adjustments may be required
**Avoid use in geriatric patients and CrCl < 30 mL/min

Antimicrobial Stewardship Principles

REDUCING GENERAL ANTIBIOTIC USE: Some illnesses may not need antibiotics at all (self-limiting illness, non-bacterial illnesses)

SHORTENING THE COURSE: Most illnesses that are managed outpatient only need 3 to 5 days of antibiotics

AVOIDING RESISTANCE: Agents that have more than 10% resistance rates to the target microbe according to the local antibiogram should not be used when alternatives agents are available

NARROWING ANTIBIOTIC SPECTRUM: Many infection can be managed with antibiotics that are less broad than fluoroquinolones

Shorter Duration of Antibiotic Therapy

INFECTION	DAYS OF THERAPY
Community Acquired Pneumonia	5 Days
Ventilator Associated Pneumonia	≤ 8 Days
Uncomplicated Cystitis	3 to 5 Days
Pyelonephritis	5 to 7 Days
Intra-abdominal Infection	4 Days
Cellulitis	5 Days
Acute Bacterial Sinusitis	5 Days
Neutropenic Fever	Afebrile x 72 Hours

Verigene Resistance Markers

ORGANISMS	RESISTANCE GENE	INTERPRETATION
Staphylococcus aureus OR S. epidermidis	None	None
	MecA	Methicillin Resistance
Enterococcus faecalis OR E. faecium	None	None
	Van A or Van B	Vancomycin Resistance
Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca	None	None
	CTX-M	ESBL Producing Organism
	KPC, NDM, OXA or VIM	CRE/MDR Organism*
Proteus species OR Citrobacter species	None	None
	CTX-M	ESBL Producing Organism
Pseudomonas aeruginosa	None	None
	IMP, KPC, NDM, OXA or VIM	CRPA/MDR Organism*
Acinetobacter species	None	None
	IMP, KPC, NDM, OXA or VIM	CRAB/MDR Organism*
Enterobacter species	None	None
	CTX-M	ESBL Producing Organism
	IMP, KPC, NDM or VIM	CRE/MDR Organism*

**ID Consult Recommended*

Adult Outpatient/ED Antibiotic Recommendations for SJMC

Approved by the Antimicrobial Stewardship Committee & Infection Control Committee

INFECTION	1ST LINE	ALTERNATIVE / ALLERGY
Asymptomatic Bacteriuria	Do not treat with antibiotics*	
Uncomplicated Cystitis (Symptomatic)	Nitrofurantoin**	Cephalexin
Uncomplicated Pyelonephritis***	Cefdinir	Ciprofloxacin
Diverticulitis/colitis	Ciprofloxacin + Metronidazole	Cefdinir + Metronidazole
Community acquired pneumonia **(CAP)** – No comorbidities or risk factors for MRSA or Pseudomonas	Amoxicillin	Azithromycin **OR** Doxycycline
CAP with comorbidities (chronic heart, lung, liver, or renal disease, diabetes mellitus, alcoholism, malignancy or asplenia)	Amoxicillin-Clavulanate + Azithromycin	Cefdinir **OR** Cefuroxime **PLUS** Azithromycin **OR** Doxycycline

* Unless the patient is pregnant or undergoing genitourinary system intervention
**Avoid use in geriatric patients and CrCl < 30 mL/min
***Ensure patient received a parenteral antibiotic prior to discharge (i.e. ceftriaxone 1 gram IV/IM x 1)

Ensuring patients receive the right antibiotic, at the right dose, at the right time, and for the right duration reduces mortality, risk of Clostridium difficile-associated diarrhea, hospital stays, overall antimicrobial resistance within the facility, and costs.

INDICATION	NOTES	EXCEPTIONS
Nephrolithiasis	Not usually infectious	Unless UTI also present
Gastroenteritis	Usually viral and/or self-limiting	Unless traveler's diarrhea
Bronchitis	Only 6% of cases are bacterial	Unless pertussis suspected
Diarrhea	Usually self-limiting	Unless C diff or traveler's diarrhea suspected

St. Joseph's Medical Center - Stockton - Emergency Department

Antibiogram 01/01/2022- 12/31/2022

		Penicillins								Cephalosporins					Carbapenems			Aminoglycosides			Fluoroquin-olones		Other								
Percent (%) susceptible	# Tested (n)	Ampicillin	Amoxicillin	Oxacillin	Penicillin	Piperacillin/Tazo	Ticarcillin	Ticar/Clav Acid	Amp/Sulbactam	Cefazolin	Cefepime	Cefotaxime	Ceftazidime	Ceftriaxone	Ertapenem	Imipenem	Meropenem	Amikacin	Gentamicin	Tobramycin	Ciprofloxacin	Levofloxacin	Clindamycin	Erythromycin	Linezolid	Rifampin	Trimeth/Sulfa	Daptomycin	Tetracycline	Vancomycin	Nitrofurantoin*
Gram negative rods:																															
Escherichia coli	1331	51				97			62	81	88		88	88	100	100		100	89	89	79	79					75				98
Klebsiella pneumoniae	186	0				96			82	89	90		90	90	100	100		100	96	94	92	94					88				38
Proteus mirabilis	126	83				99			89	90	96		96	95	100			99	90	90	80	80					82		0		0
Pseudomonas aeruginosa	99	0				88	82		0		88	0	88	0	0	87	95	99	97	99	87	81					0		0		
Gram positive cocci:																															
Enterococcus faecalis	186	90																			*73	*75			96					91	91
Staphylococcus aureus	101			50															88		52	52	66	36	100	99	95	100	79	100	98

* Urinary Tract isolates only

Non urine

>= 5% more resistant 2022 than 2021

>= 5% more sensitive 2022 than 2021