

SMBHWN Empiric Antibiotic Therapy Guidelines

Use WHS Infectious Disease Orders to guide treatment

Indication <i>Common Pathogens</i>	Preferred Regimens	Type I ^A PCN Allergy	Type I Allergy to cephalexin, cefprozil, or cefaclor	Duration of Therapy	
GBS Prophylaxis <i>Group B streptococcus</i>	Ampicillin 2 g IV x 1, f/b 1 g IV Q4H	Cefazolin 2 g IV x 1, f/b 1 g IV Q8H	<i>Unknown GBS status/sensitivity:</i> Vancomycin 20 mg/kg IV Per Pharmacy OR <i>Known GBS sensitivity to clindamycin:</i> Clindamycin 900 mg IV Q8H	Intrapartum: Until Delivery Antepartum: x 48 hr, D/C if GBS (-) or NOT in active labor	
PPROM <i>Ureaplasma, Mycoplasma, Bacterioides, GBS, E.coli, Klebsiella</i>	Azithromycin 500 mg PO Q24H x 3 days ^c PLUS			Total of 7 days	
	[Ampicillin 2 g IV Q6H x 48H f/b Amoxicillin PO x 5 d] OR <i>Mild-moderate PCN allergy:</i> [Cefazolin 2 g IV Q8H x 48H f/b Cephalexin 500 mg PO Q6H x 5 d] ^{weight adj}	Cefazolin 2 g IV Q8H x 48H f/b Cefuroxime 500 mg po BID x 5 d	<i>Unknown GBS status/sensitivity:</i> Vancomycin Per Pharmacy OR <i>Known GBS sensitivity to clindamycin:</i> Clindamycin 900 mg IV Q8H x 48H f/b Clindamycin PO x 5 d		
Chorioamnionitis & Endometritis	Intrapartum	Ampicillin 2 g IV Q6H + Tobramycin per Pharmacy	Cefazolin 2 g IVP Q8H + Tobramycin per Pharmacy	Tobramycin per Pharmacy + Clindamycin 900 mg IV Q8H*	Until Delivery
	Postpartum VAGINAL delivery	[Ampicillin/Sulbactam 3 g IV Q6H + Tobramycin per Pharmacy] OR [Ampicillin 2 g IV Q6H + Tobramycin Per Pharmacy]	Cefazolin 2 g IVP Q8H + Tobramycin per Pharmacy	<i>*substitute clindamycin with vancomycin if GBS+ & resistant to clindamycin or sensitivity unknown</i>	If indicated, until asymptomatic & afebrile ^B for ≥ 24 hr
	Postpartum CESAREAN delivery	[Ampicillin/Sulbactam 3 g IV Q6H + Tobramycin per Pharmacy] OR [Ampicillin 2 g IV Q6H + Tobramycin Per Pharmacy + Clindamycin 900 mg IV Q8H [‡]]	Cefazolin 2 g IVP Q8H + Tobramycin per Pharmacy + Clindamycin 900 mg IV Q8H [‡]	[Tobramycin per Pharmacy + Clindamycin 900 mg IV Q8H*] OR [Tobramycin per Pharmacy + Vancomycin per Pharmacy ± Metronidazole 500 mg IV Q8H]	Until asymptomatic & afebrile ^B for ≥ 24 hr <i>Antibiotics are recommended for chorio/ endometritis s/p C/S</i>
	<i>GBS, E. Coli, Gardnerella, enterococci, anaerobes (>30%), Mycoplasmas</i>	[‡] May substitute clindamycin with metronidazole 500 mg IV Q8H for improved pelvic anaerobic coverage.		<i>*If GBS resistant to clinda or sensitivity unknown, give Gent + Vanco + Metronidazole</i>	
<ul style="list-style-type: none"> • The presence of maternal risk factors (i.e. bacteremia, persistent postpartum fever, or others) should be used to guide antibiotic therapy & duration following both vaginal & C/S deliveries. • <u>Addition</u> of clindamycin for the intrapartum patient <u>or</u> s/p vaginal delivery can be considered, but is not supported by ACOG 712 (2017). • Antibiotics <u>may not</u> be required post vaginal delivery; use should be based upon physician assessment of endometritis risk factors. • Double anaerobic coverage with (i.e. Unasyn + clindamycin/metronidazole) is <u>not</u> recommended unless culture results direct otherwise. 					
Pyelonephritis (Pregnancy) <i>E. coli, enterococci</i>	[Ceftriaxone 2 g IV Q24H] OR [Ampicillin 2 g IV Q6H + Tobramycin Per Pharmacy]	Ceftriaxone 2 g IV Q24H	Aztreonam 1 g IV Q8H	IV abx for 48 hr afebrile ^B , 10-14 days total IV & PO	
CAP (Pregnancy) ^E	Ceftriaxone 2 g IV Q24H + Azithromycin 500 mg IV/PO Q24H		Consult Infectious Disease Physician	5-7 days	
Surgical Site Infections <i>E. coli, anaerobes, Staph aureus, streptococci</i>	Ampicillin/Sulbactam 3 g IV Q6H + Tobramycin per Pharmacy	Ceftriaxone 2 g IV Q24H + Metronidazole 500 mg IV/PO Q8H	Levofloxacin 750 mg IV/PO Q24H + Metronidazole 500 mg IV/PO Q8H	7-14 days	
Sepsis	Use Sepsis/Severe Sepsis Orders to guide treatment and SHC Sepsis Guidance Document				
PID/TOA (non-pregnant) <i>Chlamydia, N.gonorrhoeae, B.fragilis, streptococci, Enterobacteriaceae</i>	Ceftriaxone 2 g IV Q24H + Doxycycline 100 mg PO/IV Q12H + Metronidazole 500 mg PO/IV Q12H		Clindamycin 900 mg IV Q8H + Tobramycin per Pharmacy ± Metronidazole 500 mg IV Q12H* <i>*For new/untreated BV or Bacteroides or inadequate clinical improvement: ADD metronidazole.</i>	IV abx x 24-48 hrs f/b PO Metronidazole + PO Doxycycline to complete 14 days total antibiotics	

^A**Severe or Type 1 Allergy:** anaphylaxis, angioedema, respiratory distress. **Pt with Type I Allergies to cephalosporins (EXCEPT** to cephalexin, cefprozil or cefaclor), may receive Preferred Regimens that do not contain cephalosporins.

^B**Afebrile:** first consistent oral temperature of < 38°C and maintained for at least 24 hours. ^CAzithromycin for PPRM: 1 g x 1 may be considered. ^DVancomycin adjusted per pharmacy. ^ECommunity Acquired Pneumonia (CAP) Common Pathogens: *Strep pneumoniae, Staph aureus, Haemophilus, Legionella, Mycoplasma*. **References:** ACOG 485 GBS, 2011; CDC STD Treatment Guidelines, 2021; ACOG 712; 2017. IDSA Management of CAP, 2007. These guidelines are based on available literature & recommendations from specialty organizations; they are not intended to replace clinical judgment. For more information, contact SMB Pharmacy (858) 939-4200. SMB Pharmacy & ASP: 1/10/24