



Oral Antibiotic Discharge: Selection and Duration Guideline

See full guideline for additional details; See Renal dose guidelines for dose adjustments

Respiratory Tract Infections	Community-acquired pneumonia, with or without risk factors (without microbiologic data)	<ul style="list-style-type: none"> Amox/clav 1000/62.5 mg 2 tabs BID (non-formulary) <ul style="list-style-type: none"> + azithromycin 500 mg daily or doxycycline 100 mg BID Amoxicillin 1000 mg TID + macrolide or doxycycline (above) Cefuroxime 500 mg BID OR cefpodoxime 400 mg BID <ul style="list-style-type: none"> + azithromycin 500 mg daily or doxycycline 100 mg BID Doxycycline 100 mg BID Moxifloxacin 400 mg OR levofloxacin 750 mg daily (non-form) 	5 days in patients with prompt clinical response 7-10 days in patients with structural lung disease or delayed response
	Acute exacerbation of COPD (AECOPD)	<ul style="list-style-type: none"> Doxycycline 100 mg BID (preferred) Azithromycin 500 mg x1 then 250 mg daily 	5-7 days
	Hospital acquired pneumonia (without microbiologic data)	<ul style="list-style-type: none"> Moxifloxacin 400 mg OR levofloxacin 750 mg daily (non-form) 	7 days w/prompt clinical response: tailor therapy to microbiologic data
	Influenza	<ul style="list-style-type: none"> Oseltamivir 75 mg BID 	5 days
Urinary Tract Infections	Uncomplicated UTI/cystitis: Align with organism susceptibility	<ul style="list-style-type: none"> Nitrofurantoin (NFT) 100 mg BID Sulfamethoxazole/trimethoprim (SMT) 1 DS tab BID Beta-lactam (targeted to organism) Fosfomycin 3 gm oral sachet (ESBL history only) 	<ul style="list-style-type: none"> NFT: 5 days SMT: 3 days Beta-lactams: 3-7 days Fosfomycin: 2-3 doses
	Complicated UTI/ pyelonephritis Align with organism susceptibility	<ul style="list-style-type: none"> Sulfamethoxazole/trimethoprim (SMT) 1-2 DS tab BID Ciprofloxacin 500 mg BID Beta-lactams (targeted to organism) 	<ul style="list-style-type: none"> SMT: 10-14 days* Fluoroquinolones: 7 days Beta-lactams: 10-14 days* *updated for new guidelines 2/19
	Asymptomatic bacteriuria	<ul style="list-style-type: none"> Do not treat if not pregnant, or perioperative prophylaxis 	0 days
Skin Structure Infection	Non-purulent cellulitis	<ul style="list-style-type: none"> Cephalexin 500 mg QID, Cefuroxime 500 mg BID Dicloxacillin 500 mg QID Clindamycin 300-450 mg TID (severe beta lactam allergy) 	5 days with prompt clinical response
	Purulent cellulitis/cutaneous abscess (suspected MRSA)	<ul style="list-style-type: none"> Doxycycline 100 mg BID Sulfamethoxazole/trimethoprim 1-2 DS BID 	5 days with prompt clinical response
Intra-abdominal infection	Spontaneous bacterial peritonitis	<ul style="list-style-type: none"> Moxifloxacin 400 mg or levoflox 750 mg daily (non-form) 	5 days
	Complicated, community acquired intra-abdominal infection with source control eg appendicitis, cholangitis, diverticulitis s/p removal of foci	<ul style="list-style-type: none"> Moxifloxacin 400 mg daily Ciprofloxacin 500 mg BID + metronid 500 mg BID/TID Cefuroxime 500 mg BID + metronidazole 500 mg BID/TID Amox/clav 875/125 mg BID 	4-7 days after source control* *7 days targeted therapy in transient bacteremia after foci removed