ANTIBIOTIC considerations:
- Empiric regimens to include a different antibiotic class than the patient has already received.
- SEVERE PENICILLIN ALLERGIC PATIENTS: Consider Cefepime or Meropenem or contact the pharmacy for consultation for severe allergy.
- De-escalation to occur in accordance with algorithm below
- Consider combination antibiotic therapy for SPACE bugs (Serratia, Pseudomonas, Acinetobacter, Citrobacter, Enterobacter species).
  - Combination should include a beta-lactam and either an aminoglycoside or quinolone.
  - Second agent (aminoglycoside or quinolone) can be stopped after 5 days or when susceptibility is known.
- If ESBL (extended-spectrum beta-lactamase) (+) strain, use antibiotic for definitive therapy based on susceptibility testing.
- If Acinetobacter species known or suspected, use a fluoroquinolone or piperacillin/tazobactam.
- If Legionella pneumophila known or suspected, use a macrolide or quinolone.
- DURATION OF THERAPY: Efforts should be made to shorten the duration of therapy to periods as short as 7 days provided that the etiologic pathogen is not Pseudomonas and that the patient has a good clinical response with resolution of clinical features of infection.
- Pseudomonas or Acinetobacter infections should be treated for a minimum of 7 days and reassess the need to extend treatment to 10-14 days total.
References: