Antimicrobial Duration of Therapy

Infectious Disease	Recommended Duration of Therapy	Strength of Recommendation
Clostridium difficile		
Mild-moderate (initial episode)	10 – 14 days (vancomycin)	A-I
Severe, uncomplicated (initial episode)	10 – 14 days (vancomycin)	B-I
First recurrence (based on severity)	10 – 14 days	A-II (C-III)
Skin and Skin Structure		
Uncomplicated cellulitis	5 days (may require additional therapy depending on patient's response)	NA
Complicated MRSA (deeper soft tissue infections, surgical/traumatic wound infection, major abscesses, cellulitis, and infected ulcers and burns)	7-14 days (based on patient's response)	NA
Genitourinary		
Catheter-associated urinary tract infection	7 days if prompt resolution of symptoms **OR** 10-14 days for delayed clinical response	A-III
	5 days if using levofloxacin in a patient who is not seriously ill	B-III
	3 days in a female ≤ 65 years old without upper urinary tract symptoms after catheter has been removed	B-II
Asymptomatic bacteriuria in a pregnant female	3 -7 days	A-III
Acute uncomplicated cystitis in an adult female	Nitrofurantoin: 5 days	A-I
	Trimethoprim-sulfamethoxazole: 3 days	A-I
	Fosfomycin: 1 dose	A-I
Intra-abdominal		
Established intra-abdominal infection where source control is achieved	4-7 days	A-III
Acute stomach and proximal jejunal perforations where source control is achieved within 24 hours, in the absence of acid-reducing therapy or malignancy	24 hours of therapy	B-II
Acute appendicitis without evidence of perforation, abscess, or local peritonitis	≤24 hours	A-I
Bowel injuries attributable to penetrating, blunt, or iatrogenic trauma that are repaired within 12h and any other intraoperative contamination of the operative field by enteric contents	≤24 hours	A-I

MRSA= Methicillin-Resistant S. aureus; NA= not applicable

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Infectious Disease	Recommended Duration of Therapy	Strength of Recommendation
Pneumonia		
Community-acquired pneumonia	Minimum of 5 days - Should be afebrile for 48–72 H **AND** have ≤ 1 associated sign of clinical instability before discontinuation of therapy	B-I/II
Hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP)	7 days - 7 days is recommended rather than a longer duration. There exists situations in which a shorter or longer duration may be indicated depending upon improvement of clinical, radiologic, and laboratory parameters.	Strong recommendation moderate-quality evidence for VAP and very-low quality for HAP evidence
Diabetic Foot		
General recommendation	Continue antibiotic therapy until there is evidence that the infection has resolved but not necessarily until a wound has healed	
Specific situations:		
Mild DFI	1-2 weeks (though some require an additional 1-2 weeks)	A-II
Moderate to severe DFI (without osteomyelitis)	2-4 weeks	A-II
Diabetic Foot Infection with Osteomyelitis	4-6 weeks - shorter if entire infected bone is removed and probably longer if bone remains	B-II
Catheter-related Bloodstream Infections (CRBSI)		
Uncomplicated CRBSI due to coagulase negative staphylococci other than *S. lugdunensis* (catheter removed)	5-7 days **OR** observation alone (if no intravascular or orthopedic hardware is present and additional blood cultures are obtained after catheter withdrawal to confirm the absence of bacteremia)	B-III C-III
CRBSI with persistent bacteremia and fungemia > 72H following catheter removal, associated endocarditis, or supportive thrombophlebitis	4-6 weeks from first negative blood culture following catheter removal	A-II for *S. aureus;* C-III for other pathogens
CRBSI with associated osteomyelitis	6-8 weeks from first negative blood culture following catheter removal	A-II
Catheter-associated exit site or tunnel infection without associated bacteremia or fungemia	7-10 days following catheter removal and incision and drainage (if indicated)	A-II

CRBSI= Catheter-related Bloodstream Infections; DFI= Diabetic foot infections; H= hour(s)

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This guidance is adopted from the National Antimicrobial Stewardship Taskforce

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