Extended Spectrum Beta-Lactamase (ESBL) Infection

Clinical Syndrome	Preferred Regimen	Alternative Regimen	Clinical Considerations
Extended Spectrum Beta-Lactamase (ESBL) Infection **Carbapenem-resistant Enterobacteriaceae (CRE)**	Meropenem 2 gm IV Q8H *(Use maximum doses)* Consult ID	Consult ID Consult ID	Please **DO NOT** treat colonization, or a "dirty urine" sample The optimal treatment for infection due to CRE is uncertain and antibiotic options are limited. Management of infections due to CRE should be done in **consultation with ID**

Febrile Neutropenia

Clinical Syndrome	Preferred Regimen	Alternative Regimen	Clinical Considerations
Febrile Neutropenia **High risk:** anticipated prolonged (>7 days duration) **AND** profound neutropenia (ANC ≤100 cells/mm^3 following cytotoxic chemotherapy) +/- significant co-morbid conditions: hypotension, pneumonia, new-onset abdominal pain, or neurologic changes	Cefepime 2gm IV Q8H **OR** Piperacillin/tazobactam 3.375gm IV Q4H (18gm/day)	Meropenem 1 gm IV Q8H	If patient has indwelling catheter, is persistently febrile **OR** previously colonized with MRSA: **ADD** vancomycin Consult ID for Anti-fungal therapy; Consider when fever fails to respond after 3-7 days of therapy

ANC= Absolute neutrophil count; CRE= Extended Spectrum Beta-Lactamase; ESBL= Extended Spectrum Beta-Lactamase; H= hour(s); ID= Infectious Diseases; IV= intravenous; MRSA= Methicillin-Resistant S. aureus; Q= every

NOTE: ***Dosing based on normal renal function. Refer to Table of Contents for section on Antimicrobial Dosing for Adult Patients Based on Renal Function, Aminoglycoside High Dose Once Daily (HDOD) and Monitoring in Adult Patients, and Vancomycin Dosing and Monitoring in Adult Patients.***