

Administer antibiotics within FIRST HOUR of recognition of sepsis!

IV Antibiotics:

- If the patient is pregnant, contact pharmacy or Infectious Diseases for assistance regarding safety and dosage
 - Antibiotics should be adjusted for weight and renal function in ALL patients
 - Consult pharmacy or Infectious Diseases if needed for assistance in monitoring therapeutic drug level
 - Antibiotics should be ordered **AFTER** a review of previous microbiology data present in patient's electronic medical record
 - Risk Factors for MRSA, MDR GNR, and ESBL:
 - Hospitalization within the past year
 - Patient receives hemodialysis
 - Oozing or open wound
 - Past history of documented MRSA, MDR GNR, or ESBL
 - Patient is a nursing home resident
 - Patient has a catheter or line present
- If severe penicillin allergy/IgE mediated response, consider consulting ID.**

UNKNOWN SOURCE

Cefepime 2gm IV x1 STAT OR Meropenem 2gm IV x1 STAT	PLUS Vancomycin IV x1 STAT: <50kg-65: 1000mg >65-80kg: 1500mg >80->90kg: 2000mg	Consider ADDING atypical and Legionella spp. coverage: Azithromycin 500mg IV x1 STAT OR Levofloxacin 750mg IV x1 STAT (OR if QTc >500ms Doxycycline 100mg IV x1 STAT)
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SUSPECTED RESPIRATORY SOURCE	SUSPECTED URINARY SOURCE	SUSPECTED SKIN INFECTIONS/NECROTIZING FASCIITIS
Azithromycin 500 mg IV x1 STAT (OR if QTc >500ms then use Doxycycline 100mg IV x1 STAT) PLUS Ceftriaxone 2 gm IV x1 STAT OR Piperacillin/tazobactam 4.5 gm IV x1 STAT OR if risk factors for MDR GNR or ESBL Meropenem 2 gm x1 STAT If risk factors for MRSA then ADD Vancomycin IV x1 STAT: <50kg-65: 1000mg >65-80kg: 1500mg >80->90kg: 2000mg	Piperacillin/tazobactam 4.5 gm IV x1 STAT OR if risk factors for MDR GNR or ESBL Meropenem 2 gm x1 STAT If risk factors for MRSA then ADD Vancomycin IV x1 STAT: <50kg-65: 1000mg >65-80kg: 1500mg >80->90kg: 2000mg	Vancomycin IV x1 STAT: <50kg-65: 1000mg >65-80kg: 1500mg >80->90kg: 2000mg PLUS Clindamycin 900mg IV x1 STAT PLUS Cefepime 2gm IV x1 STAT OR Meropenem 2gm IV x1 STAT OR Piperacillin/tazobactam 4.5gm IV x1 STAT
SUSPECTED CNS SOURCE	SUSPECTED INTRA-ABDOMINAL SOURCE	SUSPECTED <i>Clostridium difficile</i> INFECTION
Acyclovir 10mg/kg IV x1 STAT PLUS Ampicillin 2gm IV x1 STAT PLUS Ceftriaxone 2g IV x1 STAT PLUS Vancomycin IV x1 STAT: <50kg-65: 1000mg >65-80kg: 1500mg >80->90kg: 2000mg	Piperacillin/tazobactam 4.5 gm IV x1 STAT OR if risk factors for MDR GNR or ESBL Meropenem 2 gm IV x1 STAT	Vancomycin 500mg PO x1 STAT PLUS Metronidazole 500mg IV x1 STAT

ESBL= Extended Spectrum Beta-Lactamase; ID= Infectious Diseases; IV= intravenous; MDR GNR= Multi-Drug Resistant Gram-Negative Rods; MRSA= Methicillin-Resistant *S. aureus*; PO= By Mouth
 Reference: Rodes A, Evans LE, Alhazzani W, et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2016. Critical Care Medicine. 2017.;45:486-552.