**Antibiotics – Who kills what!**

* **MRSA**
  + 1st line: Vanc (for bacteremia, endocarditis, osteomyelitis)
  + Cellulitis: Bactrim, Doxycycline, Clindamycin
  + Fancier stuffs: Linezolid (bacteriostatic, beware can cause serotonin syndrome!), Daptomycin (bacteriocidal, therefore better for endocarditis than Linezolid), Ceftaroline (5th gen cef, misses G-negs), and Televancin (works similarly to Vanc, bacteriocidal)
* **Pseudomonas**
  + Beta Lactams: Zosyn, Cefepime, Mero/Imipenem, Aztreonam (monobactam for PCN allg)
  + FQs: Cipro (best), Levofloxacin (high dose: 750mg)
  + Aminoglycosides: Tobramycin (best), Gentamicin, Amikacin
  + Colistin?!? This is basically an IV detergent, plz only use when bug is resistant to ALL!
    - NEED ID CONSULT!
* **Enterococcus**
  + DOC: Ampicillin (IV) or Amoxicillin (PO)
  + VRE? Eek!
    - In the blood? Daptomycin, Linezolid, Tigacycline
    - In the urine? Get susceptibilities but options include: Doxy, Nitro, Fosfomycin, Cipro
    - If bug is Enterococcus faecium (NOT faecalis) then Quinupristin/Dalfopristin (Synercid) may work, this drug also works against MRSA, beware $$$$$$$$$$
* **Anaerobes**
  + Best: Metronidazole, Zosyn, Mero
  + Next best: Clinda, Augmentin
* **Atypicals (Mycoplasma, Chlamydias, Legionella, etc)**
  + FQs, Macrolides (Azithro, Clarithro), Doxy
* **CAP**
  + (3rd gen cefs + Azithro) OR
  + Moxi
* **HAP**
  + Be sure to cover Pseudomonas and MRSA if you suspect this!
  + (Vanc or Linezolid) + (Zosyn or Cefepime) + (Cipro or Aminoglycoside)
* **COPD Exacerbation**
  + If pt has occasional exacerbation, NO co-morbid conditions, and <65 y/o…
    - Azithro or Augmentin
  + If pt has frequent exacerbations, + co-morbid conditions, >65 and resistance RFs…
    - Moxi
  + If pt is at risk for Pseudomonas, has bronchiectasis, or is on steroids…
    - CULTURE DAT SPUTUM! And give Cipro or Levo plz.
* **Cellulitis**
  + Mild-moderate: Clinda alone, Vanc alone, Doxy+Ancef, Bactrim +Ancef
  + Immunocompromised: Vanc/Zosyn
  + RAGING🡪possibly necrotizing??? Vanc/Zosyn + Clinda + CALL GEN SURG!!!
* **Pyelo**
  + Empiric: Cefotaxime or Ceftriaxone or Cipro
  + If pt w/ recent hospitalization: Cefepime or Zosyn even
* **Meningitis (bacterial)**
  + 3rd gen cefs (for Neisseria, S. pneumo, H. flu) PLUS
  + Vanc (for resistant S. pneumo) PLUS
  + Ampicillin (for Listeria if <1, >50, transplant pt, alcoholic, preggy, otherwise immunocomp)
  + PLUS Dexamethasone! (PLZ be sure to give before or WITH first dose abx!!!)
* **Sepsis???**
  + Use meds for HAP (see above)
  + Add fungal coverage if indicated:
    - TPN, GI issues, decomp on abx, poss cath infxn, immunocomp, etc!
      * Probably start w/ Vori, if Candida may deescalate to Mica or Fluc depending on sensitivities (Fluc doesn’t cover C. krusei and some C. glabrata)
      * If mucor, obvi AmphoTERRIBLE :/ (also for Crypto meningitis)