DUHS Adult Targeted Duration of Antimicrobial Therapy

Duration recommendations are provided as a general guideline for therapy (IV or PO) with a goal of minimizing unintended consequences to the patient. Patient specific factors (*e.g.* immunocompromised host) should influence duration decisions and transition to oral therapy.

Questions? Page 970-GERM or the Antimicrobial Stewardship Evaluation Team (ASET) Pharmacist at 970-6666

INFECTION	TARGETED DURATION (IV or PO)
Genitourinary infections (Bacterial) *UTI: Urinary Tract Infection; uUTI: uncomplicated; cUTI: complicated*	
uUTI Confined to bladder in afebrile women or men; CA-UTI WITHOUT systemic symptoms	Nitrofurantoin: 5 days Trimethoprim/sulfamethoxazole: 3 days Fluoroquinolones: 3 days Beta-lactams: 7 days
cUTI Upper Tract, above the bladder including kidney and ureters; CA-UTI WITH systemic symptoms • Pyelonephritis • Febrile or bacteremic UTI	Improving clinically on effective therapy • 5-7 days fluroquinolone • 7 days non-fluoroquinolone
Prostatitis	Acute: 2 weeks; Chronic: 4-6 weeks
Genitourinary infections (Candida sp.)	
Vulvovaginal candidiasis	Fluconazole 150 mg once
Asymptomatic candiduria	Treatment not recommended unless patient is high risk: Neutropenic, low birth-wt neonates, or undergoing invasive urologic procedures
Symptomatic candiduria	Fluconazole: 14 days Fluconazole-resistant strain: amphotericin B x 1-7 days or flucytosine x 7 days
Pyelonephritis	14 days
Respiratory tract infections	
Bacterial rhinosinusitis	5 days
Streptococcal pharyngitis	Beta-lactam, clindamycin, clarithromycin: 10 days Azithromycin: 5 days
COPD exacerbation	No change in character of sputum: no antibiotics 5 days if increase in volume and purulence of sputum
Community-acquired pneumonia (CAP)	3-5 days Duration determination: ensure afebrile for 48-72 h and have ≤1 CAP-associated sign of clinical instability
HAP/VAP	7 days
Skin and skin structure infections	
Cellulitis, uncomplicated	5 days
Cellulitis, complicated	7 days
Diabetic foot infections	
Soft tissue only, mild	1 week (less if clinical signs & symptoms of infection have resolved)
Soft tissue only, moderate	1 week
Soft tissue only, severe	2 weeks
Osteomyelitis	
Amputation	No residual infected bone and tissue: 24 – 48 hours after amputation Residual infected bone and tissue: 4 – 6 weeks
Staphylococcus aureus	6 weeks (may consider additional 1 – 3 months of rifampin-based PO **combo** therapy; longer for chronic infection or if debridement not performed)
Other bacterial pathogens	3-6 weeks from last major operative debridement
Septic arthritis	3 weeks (may switch to PO at 7 days)
Intra-abdominal infections	4 days following source control and resolved clinical signs of infection resolved; refer to customID: Intra-abdominal infections for further guidance
Clostridium difficile	Discontinue offending antibiotic if receiving and possible then treat 10 days
Catheter-related bloodstream infection, uncomplicated (fever resolves within 72 hrs, immunocompetent, no hardware, and no evidence of endocarditis or suppurative thrombophlebitis). Please see Antibiotic Lock Therapy Policy on CustomID.org/policies for information on this topic.	

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Short-term catheter (in situ < 14 days) • Catheters should be **removed in all cases** • Day 1 is the first day on which negative blood cultures are obtained	
Coagulase-negative staphylococci	5 days
Enterococcus sp.	7 days
Gram-negative bacilli	7 days
Staphylococcus aureus, Staphylococcus lugdunensis, or Candida sp.	ID consult required; typical duration: ≥ 14 days
Long-term catheter or port (in situ > 14 days); Please see Antibiotic Lock Therapy Policy on CustomID.org/policies for information on this topic. • Catheter should be **removed for *S. aureus, S. lugdunensis* or *Candida* sp.** • Catheter may be retained for coagulase-negative staphylococci, *Enterococcus* sp., or Gram-negative bacilli; if clinical deterioration or persisting bacteremia occurs, the catheter should be removed and complicated bacteremia ruled out • Day 1 is the first day on which negative blood cultures are obtained	
Coagulase-negative staphylococci	10 days; If catheter retained, use antibiotic lock therapy in combination
Enterococcus sp.	7 days; If catheter retained, use antibiotic lock therapy in combination
Gram-negative bacilli	7 days; if catheter retained, use antibiotic lock therapy in combination 10 days
Staphylococcus aureus, Staphylococcus lugdunensis, or Candida sp.	ID consult required; *S. aureus* uncomplicated 2 weeks, complicated 4-6 weeks; *Candida* spp 2 weeks
Endocarditis	**Strongly recommend ID consult**; ID consult required for *S. aureus, S. lugdunensis,* or fungus

Meningitis	
Neisseria meningitides or *Haemophilus influenzae*	7 days
Staphylococcus aureus	14 days
Streptococcus pneumoniae	10 days
Streptococcus agalactiae	14 days
Aerobic Gram-negative bacilli	21 days
Listeria monocytogenes	≥ 21 days
Brain abscess, subdural empyema, spinal epidural abscess	≥ 4 weeks

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