

Targeted Duration of Adult 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 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)
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.	
Short-term catheter (in situ < 14 days)	
<ul style="list-style-type: none"> • 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
<i>Enterococcus</i> sp.	7 days
Gram-negative bacilli	7 days
<i>Staphylococcus aureus</i> or <i>Candida</i> 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.	
<ul style="list-style-type: none"> • Catheter should be removed for <i>S. aureus</i> or <i>Candida</i> sp. • Catheter may be retained for coagulase-negative staphylococci, <i>Enterococcus</i> 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
<i>Enterococcus</i> 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
<i>Staphylococcus aureus</i> or <i>Candida</i> sp.	ID consult required; <i>S. aureus</i> uncomplicated 2 weeks, complicated 4-6 weeks; <i>Candida</i> 14 days
Endocarditis	
Viridans group streptococci and <i>Streptococcus bovis</i> (penicillin MIC ≤ 0.12)-native valve	Penicillin MIC ≤ 0.12: 4 weeks (if gentamicin used in combination with penicillin or ceftriaxone: 2 weeks total combination duration) Penicillin MIC > 0.12: penicillin or ceftriaxone for 4 weeks + gentamicin for first 2 weeks of therapy if no high-level resistance (HLR)
Viridans group streptococci and <i>Streptococcus bovis</i> (penicillin MIC ≤ 0.12)-prosthetic valve	Penicillin MIC ≤ 0.12: penicillin or ceftriaxone for 6 weeks +/- gentamicin for first 2 weeks of therapy if no HLR Penicillin MIC > 0.12: penicillin or ceftriaxone + gentamicin for 6 weeks (no HLR)
<i>Enterococcus</i> sp.-native or prosthetic valve	Penicillin-susceptible: ampicillin or penicillin + gentamicin or ceftriaxone for 4-6 weeks Penicillin-resistant: vancomycin + gentamicin for 6 weeks Vancomycin-resistant: consult ID; duration ≥ 8 weeks
<i>Staphylococcus aureus</i> -native or prosthetic valve,	MSSA: consult ID; nafcillin or cefazolin for 6 weeks MRSA: consult ID; vancomycin or daptomycin for 6 weeks Add gentamicin for first 2 weeks and rifampin for 6 weeks for prosthetic valve
<i>Clostridium difficile</i>	Discontinue offending antibiotic if receiving and possible then treat 10 days
Intra-abdominal infections	4 days following source control and resolved clinical signs of infection resolved
Meningitis	
<i>Neisseria meningitidis</i> or <i>Haemophilus influenzae</i>	7 days
<i>Staphylococcus aureus</i>	14 days
<i>Streptococcus pneumoniae</i>	10 days
<i>Streptococcus agalactiae</i>	14 days
Aerobic Gram-negative bacilli	21 days
<i>Listeria monocytogenes</i>	≥ 21 days
Brain abscess, subdural empyema, spinal epidural abscess	4 weeks
Osteomyelitis	
<i>Staphylococcus aureus</i>	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	4 weeks from last major operative debridement

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Amputation	No residual infected bone and tissue: 24 – 48 hours after amputation Residual infected bone and tissue: 4 – 6 weeks
Spinal implant infection	6 weeks of IV, followed by prolonged PO therapy until spine fusion has occurred
Septic arthritis	3 weeks (may switch to PO at 7 days)
Skin and skin structure infections	
Cellulitis, uncomplicated	5 days
Cellulitis, complicated	7 days
INFECTION	TARGETED DURATION (IV or PO)
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
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)	5 days (should be afebrile for 48-72 h and have ≤1 CAP-associated sign of clinical instability)
HAP/VAP	7 days
Genitourinary infections (Bacterial)	
Catheter-associated urinary tract infection, Complicated urinary tract infection (<i>comorbidities, pregnancy, prolonged symptoms, history of pyelonephritis within 1 year, hospital-acquired infection</i>)	7 days (if prompt resolution of symptoms) 10 days (if delayed response) 3 days if female aged ≤ 65 years, no upper urinary tract symptoms, after catheter is removed
Acute uncomplicated cystitis	Nitrofurantoin: 5 days Trimethoprim/sulfamethoxazole: 3 days Fluoroquinolones: 3 days Beta-lactams: 7 days
Acute pyelonephritis	Ciprofloxacin: 7 days Beta-lactam, Trimethoprim/sulfamethoxazole: 14 days
Acute prostatitis	2 weeks (4 weeks for severe illness or concomitant bacteremia)
Chronic prostatitis	Fluoroquinolones: 4 weeks Trimethoprim/sulfamethoxazole: 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

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