

# Targeted Duration of Adult Antimicrobial Therapy for Outpatients

- Duration recommendations are provided as a general guideline for therapy (IV or PO) with a goal of minimizing unintended consequences to the patient.
- **Need more information?** Visit [customid.org](http://customid.org) for treatment and dosing guidance by diagnosis.

INFECTION	TARGETED DURATION
<i>Clostridium difficile</i>	Discontinue offending antibiotic if receiving and possible then treat 10 days
<b>Skin and skin structure infections</b>	
Cellulitis, uncomplicated	5 days
Cellulitis, complicated	7 days
<b>Diabetic foot infections</b>	
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
<b>Respiratory tract infections</b>	
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)
<b>Genitourinary infections (Bacterial)</b>	
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
<b>Genitourinary infections (Candida sp.)</b>	
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
Candida pyelonephritis	14 days

#### References:

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