

## Adult Antibiotic Dosing Recommendations

### Amoxicillin (Amoxil):\*

1 gram PO every 8 hours for pneumonia. May use 500 mg to 1 gram PO every 8 hours for most indications.

### Amoxicillin/clavulanate (Augmentin):\*

875 mg PO BID for most indications; may increase to every 8 hours for intra-abdominal infections

### Azithromycin:

500 mg x 1 on day 1 followed by 250 mg PO daily x 4 days  
May also consider 500 mg PO daily x 3 days

### Cefdinir\*:

300 mg PO BID

### Cephalexin\*:

500 mg PO every 6 hours

### Cefpodoxime\*:

100 mg to 400 mg PO BID

### Ciprofloxacin\*:

500 mg to 750 mg PO BID

### Doxycycline:

100 mg PO BID

### Levofloxacin\*:

500 mg to 750 mg PO daily

### Metronidazole:

500 mg PO every 8 hours

### Nitrofurantoin monohydrate/macrocrystals\*\*:

100 mg PO BID

\* Renal dose adjustments may be required  
\*\*Avoid use in geriatric patients and CrCl < 30 mL/min

## Antimicrobial Stewardship Principles

**REDUCING GENERAL ANTIBIOTIC USE:** Some illnesses may not need antibiotics at all (self-limiting illness, non-bacterial illnesses)

**SHORTENING THE COURSE:** Most illnesses that are managed outpatient only need 3 to 5 days of antibiotics

**AVOIDING RESISTANCE:** Agents that have more than 10% resistance rates to the target microbe according to the local antibiogram should not be used when alternatives agents are available

**NARROWING ANTIBIOTIC SPECTRUM:** Many infection can be managed with antibiotics that are less broad than fluoroquinolones

Ensuring patients receive the right antibiotic, at the right dose, at the right time, and for the right duration reduces mortality, risk of Clostridium difficile-associated diarrhea, hospital stays, overall antimicrobial resistance within the facility, and costs.

## Recommended Duration of Antibiotic Therapy

| INFECTION                                     | DAYS OF THERAPY     |
|-----------------------------------------------|---------------------|
| Community Acquired Pneumonia                  | 3 to 5 Days         |
| Healthcare or Ventilator Associated Pneumonia | 6 to 8 Hours        |
| Uncomplicated UTI                             | 3 to 5 Days         |
| Complicated UTI or Pyelonephritis             | 5 to 7 Days         |
| Intra-abdominal Infection                     | 4 Days              |
| Cellulitis                                    | 5 to 6 Days         |
| Acute Bacterial Sinusitis                     | 5 Days              |
| COPD Exacerbation                             | ≤ 5 Days            |
| Neutropenic Fever                             | Afebrile x 72 Hours |

## Verigene Resistance Markers

| ORGANISMS                                                   | RESISTANCE GENE           | INTERPRETATION           |
|-------------------------------------------------------------|---------------------------|--------------------------|
| Staphylococcus aureus*                                      | None                      | None                     |
|                                                             | MecA                      | Methicillin Resistance   |
| S. epidermidis                                              | None                      | None                     |
|                                                             | MecA                      | Methicillin Resistance   |
| Enterococcus faecalis OR E. faecium                         | None                      | None                     |
|                                                             | Van A or Van B            | Vancomycin Resistance    |
| Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca | None                      | None                     |
|                                                             | CTX-M                     | ESBL Producing Organism* |
|                                                             | KPC, NDM, OXA or VIM      | CRE/MDR Organism*        |
| Proteus sp. OR Enterobacter sp.                             | None                      | None                     |
|                                                             | CTX-M                     | ESBL Producing Organism* |
| Pseudomonas aeruginosa                                      | None                      | None                     |
|                                                             | IMP, KPC, NDM, OXA or VIM | CRPA/MDR Organism*       |
| Acinetobacter sp.                                           | None                      | None                     |
|                                                             | IMP or OXA                | CRAB/MDR Organism*       |
| Enterobacter sp.                                            | None                      | None                     |
|                                                             | CTX-M                     | ESBL producing organism* |
|                                                             | KPC, NDM, IMP or VIM      | CRE/MDR Organism*        |

\*ID Consult Strongly Recommended

## 2026 Adult Outpatient/ED Antibiotic Recommendations for SJMC

Approved by the Antimicrobial Stewardship Committee & Infection Control Committee

| INFECTION                                                                                                                    | 1ST LINE                                          | ALTERNATIVE / ALLERGY                                                        |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------|
| Asymptomatic Bacteriuria                                                                                                     | Do not treat with antibiotics*                    |                                                                              |
| Uncomplicated UTI (Symptomatic)                                                                                              | Nitrofurantoin**                                  | Cephalexin                                                                   |
| Complicated UTI***                                                                                                           | Cefdinir <b>OR</b> Cefpodoxime                    | Ciprofloxacin                                                                |
| Diverticulitis/colitis                                                                                                       | Ciprofloxacin <b>PLUS</b> Metronidazole           | Cefdinir <b>PLUS</b> Metronidazole                                           |
| Community acquired pneumonia ( <b>CAP</b> ) – No comorbidities or risk factors for MRSA or Pseudomonas                       | Amoxicillin                                       | Azithromycin <b>OR</b> Doxycycline                                           |
| CAP with comorbidities (chronic heart, lung, liver, or renal disease, diabetes mellitus, alcoholism, malignancy or asplenia) | Amoxicillin-Clavulanate <b>PLUS</b> Azithromycin  | Cefdinir <b>OR</b> Cefuroxime <b>PLUS</b> Azithromycin <b>OR</b> Doxycycline |
| Skin & Soft Tissue/ Cellulitis                                                                                               | Cephalexin <b>OR</b> TMP/SMX (if Staph suspected) | Doxycycline <b>OR</b> Clindamycin                                            |
| Sinusitis                                                                                                                    | Amoxicillin-Clavulanate                           | Doxycycline                                                                  |

\* Unless the patient is pregnant or undergoing genitourinary system intervention

\*\*Avoid use in CrCl < 30 mL/min

\*\*\*Ensure patient received a parenteral antibiotic prior to discharge (i.e. ceftriaxone 1 gram IV/IM x 1)

| INDICATION                            | NOTES                                                                                                       | EXCEPTIONS                                    |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Nephrolithiasis                       | Not usually infectious                                                                                      | Unless UTI also present                       |
| Gastroenteritis                       | Usually viral and/or self-limiting                                                                          | Unless traveler's diarrhea                    |
| Bronchitis                            | Only 6% of cases are bacterial                                                                              | Unless pertussis suspected                    |
| COPD exacerbation per GOLD guidelines | Antibiotics only indicated when increased purulence of sputum AND either increased sputum volume or dyspnea | Admission to ICU, recommended duration 5 days |
| Diarrhea                              | Usually self-limiting                                                                                       | Unless C diff or traveler's diarrhea          |

# St. Joseph's Medical Center - Stockton - Emergency Department

Antibiogram 01/01/2025 - 12/31/2025

|                              |              | Penicillins |           |                   |               | Cephalosporins |          |            |             |             | Carbapenems |          |           | Aminoglycosides |            |            | Fluoroquinolones |              | Other       |              |           |          |               |            |              |            |                  |
|------------------------------|--------------|-------------|-----------|-------------------|---------------|----------------|----------|------------|-------------|-------------|-------------|----------|-----------|-----------------|------------|------------|------------------|--------------|-------------|--------------|-----------|----------|---------------|------------|--------------|------------|------------------|
| Percent (%) susceptible      | # Tested (n) | Ampicillin  | Oxacillin | Piperacillin/Tazo | Amp/Sulbactam | Cefazolin      | Cefepime | Cefotaxime | Ceftazidime | Ceftriaxone | Ertapenem   | Imipenem | Meropenem | Amikacin        | Gentamicin | Tobramycin | Ciprofloxacin    | Levofloxacin | Clindamycin | Erythromycin | Linezolid | Rifampin | Trimeth/Sulfa | Daptomycin | Tetracycline | Vancomycin | Nitrofrurantoin* |
| Gram negative rods:          |              |             |           |                   |               |                |          |            |             |             |             |          |           |                 |            |            |                  |              |             |              |           |          |               |            |              |            |                  |
| Citrobacter koseri           | 31           | 0           |           | 100               | 94            | 90             | 97       |            | 97          | 97          | 100         |          |           | 100             | 100        | 100        | 100              | 100          |             |              |           |          | 100           |            |              |            |                  |
| Enterobacter cloacae complex | 46           | 0           |           | 72                | 0             | 0              | 85       |            | 70          | 70          | 85          |          |           | 98              | 96         | 89         | 86               | 89           |             |              |           |          | 80            |            |              |            | 29               |
| Escherichia coli             | 1415         | 49          |           | 96                | 59            | 72             | 86       |            | 84          | 85          | 100         |          |           | 100             | 87         | 85         | 63               | 74           |             |              |           |          | 69            |            |              |            | 98               |
| Klebsiella pneumoniae        | 290          | 0           |           | 88                | 78            | 82             | 88       |            | 88          | 88          | 100         |          |           | 100             | 93         | 93         | 83               | 88           |             |              |           |          | 84            |            |              |            | 48               |
| Klebsiella oxytoca           | 33           | 0           |           | 79                | 52            | 30             | 76       |            | 76          | 76          | 94          |          |           | 100             | 91         | 82         | 81               | 87           |             |              |           |          | 79            |            |              |            | 90               |
| Proteus mirabilis            | 192          | 75          |           | 98                | 82            | 5              | 94       |            | 94          | 94          | 99          |          |           | 100             | 83         | 87         | 66               | 69           |             |              |           |          | 78            |            |              |            | 0                |
| Pseudomonas aeruginosa       | 97           |             |           | 94                |               |                | 95       |            | 94          |             |             |          | 89        | 100             |            | 0          | 85               | 85           |             |              |           |          |               |            |              |            |                  |
| Gram positive cocci:         |              |             |           |                   |               |                |          |            |             |             |             |          |           |                 |            |            |                  |              |             |              |           |          |               |            |              |            |                  |
| Enterococcus faecalis        | 243          | 99          |           |                   |               |                |          |            |             |             |             |          |           |                 |            |            |                  |              |             |              | 79        |          |               |            |              | 96         | 99               |
| Enterococcus faecium         | 39           | 15          |           |                   |               |                |          |            |             |             |             |          |           |                 |            |            | *14              |              |             |              | 95        |          |               |            |              | 64         |                  |
| Staphylococcus aureus        | 115          |             | 59        |                   |               |                |          |            |             |             |             |          |           |                 | 93         |            |                  | 65           | 67          | 51           | 100       | 98       | 94            | 100        | 77           | 100        | 100              |
| Staphylococcus epidermidis   | 39           |             | 58        |                   |               |                |          |            |             |             |             |          |           |                 | 97         |            |                  | 79           |             |              | 100       | 100      |               |            | 79           | 100        | 100              |

\* Urinary Tract isolates only

Non urine

>= 5% more resistant 2025 than 2024

>= 5% more sensitive 2025 than 2024