

Antimicrobial Days for Common Conditions

UCDAVIS
HEALTH

Adults

For references visit:
<https://health.ucdavis.edu/antimicrobial-stewardship/education>

Bloodstream



7

Gram Negative (*Enterobacteriaceae*) Bacteremia

- Indications: for uncomplicated bacteremia, w/o a deep focus of infxn, that clinically improve within 48-72 hrs^{1,2}
- Consider 7-14 days for higher risk patients



5/7/14

Catheter-Related Bloodstream Infection (CRBSI)

- Indications: for uncomplicated bacteremia, w/ clinical improvement at 48-72 hrs, and CVC has been removed
- 5 d for CoNS, 7 d for *Enterobacteriaceae*, 14 d for *S aureus*

Gastrointestinal



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Intra-abdominal Infection (IAI)

- Indications: complicated IAI w/ effective source control
- 4 day course non-inferior to 48 hrs past SIRS resolution^{1,2}
- Longer courses a/w similar fail rates, but identified later¹



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Spontaneous Bacterial Peritonitis (SBP)

- Indications: for uncomplicated SBP clinically improved by time of completion^{1,2}
- Consider repeat paracentesis if symptoms persist



7-10

Diverticulitis

- Consider resuscitation w/o abxs for stable patients w/ uncomplicated disease^{1,2}
- Consider repeating imaging if symptoms persist



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Clostridium difficile Infection (C diff)

- Oral vancomycin for 1st episode, mild – severe disease^{1,2}
- Consider vancomycin taper or fidaxomicin x 10 days for recurrent episodes¹



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Necrotizing Pancreatitis

- Prophylaxis is not recommended¹
- Higher quality, pooled RCT data over past 15+ years show no improvement in any outcome²⁻⁵