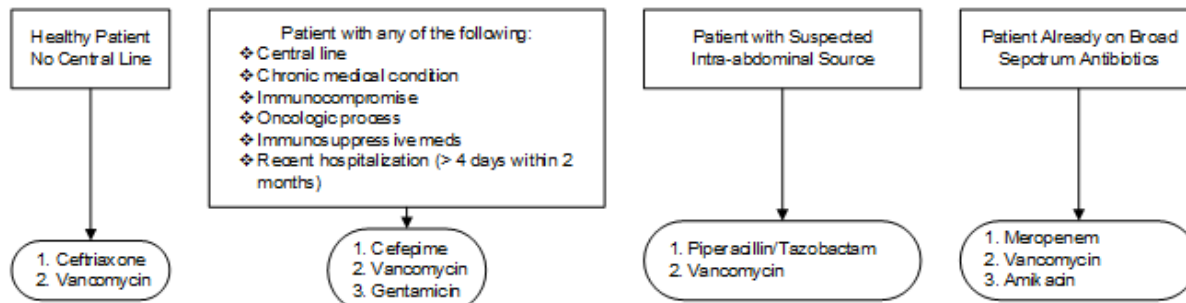


Antibiotic Recommendations

For best viewing, please access on your desktop computer.

ANTIBIOTIC TIMING IS CRITICAL:

- First antibiotic is administered within one hour
- Remaining antibiotics within three hours



ID Consultation Recommended for Most Cases of Suspected Sepsis

Consider Additional Antimicrobials with the Following Clinical Scenarios

| | |
|---------------------------------------|-------------|
| Toxin-mediated Syndromes | Clindamycin |
| Risk for Candidemia | Micafungin |
| Suspicion of Influenza | Oseltamivir |
| Suspicion for tick-borne infection | Doxycycline |
| Suspicion for ESBL-producing organism | Gentamicin |

| Review All Cultures Daily | |
|---|--|
| Negative Culture to date Consult ID for: <ul style="list-style-type: none"> • Duration/adjustment of therapy • Persistent fever > 2 – 3 days | Positive Culture to date Consult ID for: <ul style="list-style-type: none"> • Definitive treatment recommendations after culture & sensitivity results • Persistent fever / bacteremia > 2 – 3 days |

- Common Immunosuppressive Medications**
- Oral or SQ methotrexate ≥ 5 mg
 - Prednisone 2 mg/kg/day or ≥ 20 mg daily (> 2 weeks)
 - Cyclophosphamide
 - Rituximab
 - Mycophenolate mofetil
 - Azathioprine
 - Tacrolimus
 - Sirolimus
 - Cyclosporine
 - Anakinra
 - Infliximab
 - Etanercept
 - Adalimumab

Broad Spectrum Antibiotics
Any regimen including ceftriaxone, cefotaxime, cefepime, piperacillin-tazobactam, ciprofloxacin, or aztreonam alone or in combination with vancomycin or clindamycin

Cephalosporin or type I mediated penicillin allergy*: Ciprofloxacin replaces cephalosporin or piperacillin/ tazobactam
Non-type I mediated penicillin allergy*: Cefepime replaces piperacillin/tazobactam
 *Type I mediated hypersensitivity includes: hives, angioedema and/or anaphylaxis
 If suspected intra-abdominal source: Add cefepime to metronidazole for anaerobic coverage in place of piperacillin/ tazobactam

| Antibiotic | OK to IV push over 5 minutes | OK to give IM |
|-------------|------------------------------|---------------|
| Amikacin | | x |
| Cefepime | x | x |
| Ceftriaxone | x | x |
| Clindamycin | | x |
| Gentamicin | | x |

Risk for Fungemia
Consider micafungin for patients with CVL and ≥ 2 of the following:

- >3 days of broad spectrum antibiotics in the prior 2 weeks.
- TPN
- Malignancy

Re-conceptualized from: <http://www.chop.edu/clinical-pathway/severe-sepsisseptic-shock-icu-clinical-pathway-infants-28-days-and-children-3>

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.

[Children's Mercy Kansas City](#) / [Health Care Providers](#) / [Evidence Based Practice](#) / [Clinical Practice Guidelines and Care Process Models](#) / [Sepsis Algorithm ICU](#) / [Antibiotic Recommendations](#)

2401 Gillham Road, Kansas City, MO 64108

© Copyright 2022 The Children's Mercy Hospital

Language Assistance Available

[Notice of Nondiscrimination](#) [Español](#) [繁體中文](#) [Tiếng Việt](#) [Serbo-Croatian](#) [Deutsch](#) [한국어](#) [Français](#) [Laotian](#) [العربية](#) [Tagalog](#) [Burmese](#) [Persian \(Farsi\)](#)
[Deutsch](#) [Oromo](#) [Português](#) [Amharic](#) [日本語](#) [Русский](#) [Hmong](#) [Swahili](#)