

Empiric Therapy in Adult ESLD Patients WITHOUT High Risk for MDR Organisms[‡] and Suspected Infection: Non-ICU or ICU without septic shock

Draw Cultures PRIOR to Abx
Start **ceftriaxone***

Stable/Improving
@ 48hrs

Consider ID
consultation

Draw cultures PRIOR to
Abx change
If **hemodynamically
unstable:**
Change ceftriaxone to
**piperacillin-tazobactam
plus vancomycin**

Positive
Cultures?

Source of
Infection
Identified?

DISCONTINUE
ANTIBIOTICS

Target
antibiotics to
source of
infection Click
here for link to
IDMP

Treat isolated
organism with
targeted
antimicrobial

It is generally not recommended to treat yeast or enterococcus isolated in urine or respiratory cultures

[‡] Risk factors for MDR:

- 1) Onset >48hrs after hospitalization
 - 2) Beta-lactam use within last 90 days
 - 3) Quinolone SBP prophylaxis
 - 4) Prior isolation of MDR organism
- > Please refer to high risk for MDR guidelines

* Add vancomycin if concern for central line infection or history of recent systemic MRSA infection

NOTE: These guidelines have been developed for use in patients with suspected infection but without a clear source. Patients for whom a clear source is identified should be treated according to IDMP guidelines. Click for link to IDMP. <http://idmp.ucsf.edu/>