CHI Franciscan Health Sepsis with Unknown Origin Empiric Antibiotic Algorithm

If source is known, refer to specific guidelines for treatment

- Administer initial antibiotic dose(s) within 1 hour of presentation
- Give multiple antibiotics simultaneously if possible. Otherwise give agent with gram (-) coverage first.

Assess severity

Sepsis

*0-1 MDRO risk factors:
Ceftriaxone
- Add Metronidazole if concern for C.difficile or intra-abdominal source
PLUS
Vancomycin

**2+ MDRO risk factors:
Cefepime OR Pip/Tazo (↑risk for AKI w/Vancomycin)
- Add Metronidazole if concern for C.difficile
- Use Pip/Tazo if concern for possible intra-abdominal source
PLUS
Vancomycin

**Replace Ceftriaxone, Cefepime, or Pip/Tazo with Meropenem if criteria met**

Severe Sepsis/Septic shock

Cefepime OR Pip/Tazo (↑risk for AKI w/Vancomycin)
- Add Metronidazole and PO Vancomycin if concern for C.difficile
- Use Pip/Tazo if concern for possible intra-abdominal source
PLUS
Vancomycin

**Replace Cefepime or Pip/Tazo with Meropenem if criteria met**

*MDRO Risk Factors
- ≥7 days of continuous antibiotic therapy in past 90 days
- Poor functional status (significant debilitation with incontinence and inability to perform ADLs)
- Hospitalized for > 48hrs in past 90 days
- Immunosuppression (ANC < 1000, congenital immunodeficiency, asplenia, HIV, hematologic malignancies, prednisone equivalent > 20 mg/day for 2+ weeks)
- Burn patients

**Criteria for Meropenem Use**
- H/O: ESBL+ organism, Acinetobacter, or other resistant gram negative rods
- Suspected treatment failure to broad spectrum antibiotic(s) (Pip/Tazo, Cefepime, Ceftazidime, etc.)

Approved by ASP Committee
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