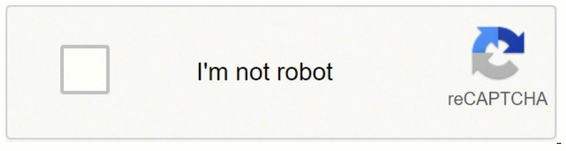

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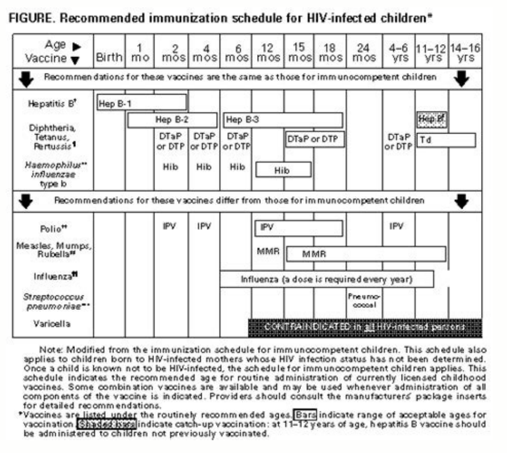


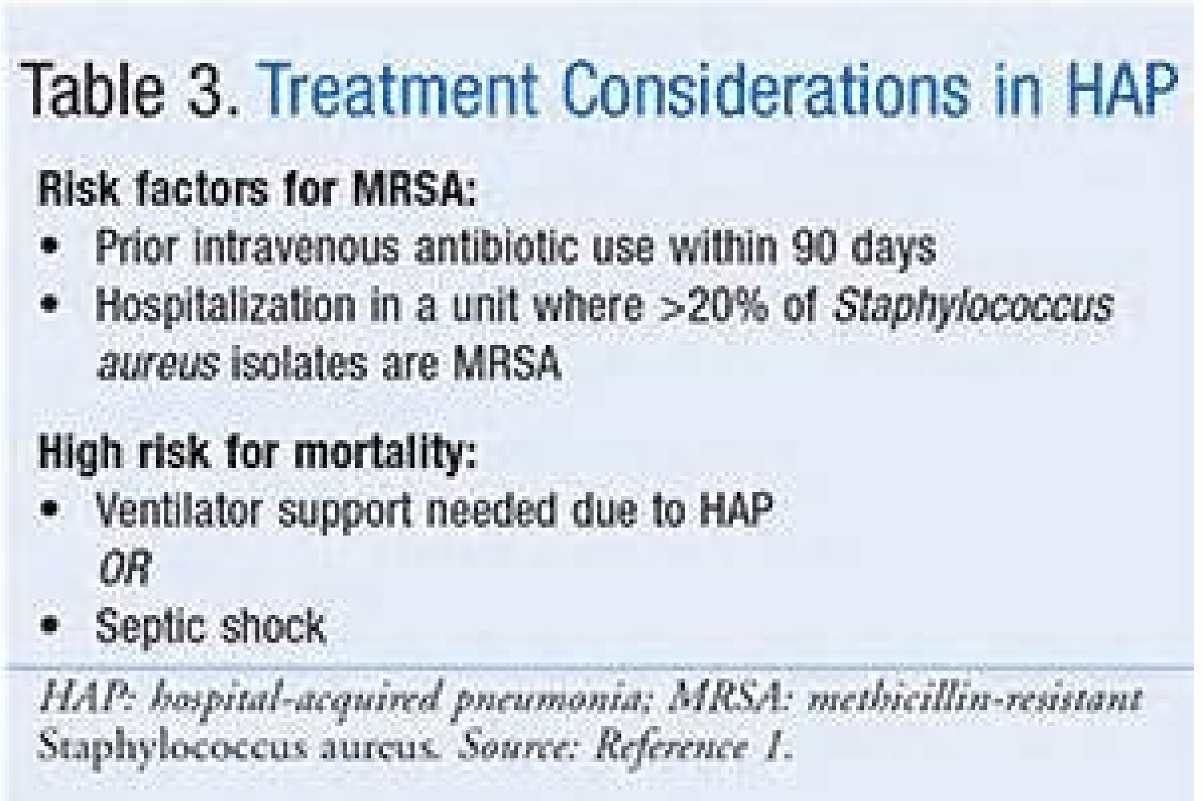


Table 3. Treatment Considerations in HAP

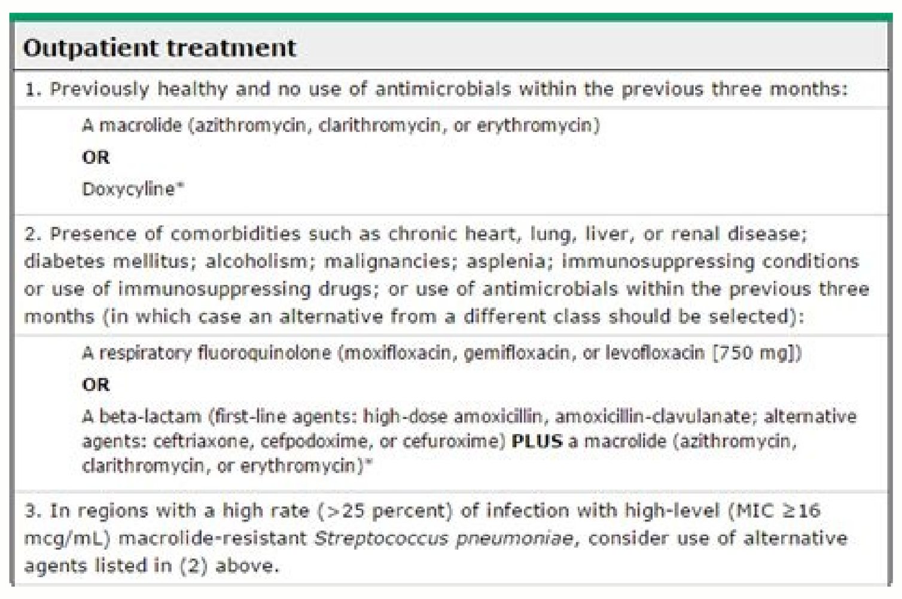
Risk factors for MRSA:

- Prior intravenous antibiotic use within 90 days
- Hospitalization in a unit where >20% of *Staphylococcus aureus* isolates are MRSA

High risk for mortality:

- Ventilator support needed due to HAP
  OR
- Septic shock

HAP: hospital-acquired pneumonia; MRSA: methicillin-resistant Staphylococcus aureus. Source: Reference 1.



Outpatient treatment
1. Previously healthy and no use of antimicrobials within the previous three months:
A macrolide (azithromycin, clarithromycin, or erythromycin) **OR** Doxycyline*
2. Presence of comorbidities such as chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancies; asplenia; immunosuppressing conditions or use of immunosuppressing drugs; or use of antimicrobials within the previous three months (in which case an alternative from a different class should be selected):
A respiratory fluoroquinolone (moxifloxacin, gemifloxacin, or levofloxacin [750 mg]) **OR** A beta-lactam (first-line agents: high-dose amoxicillin, amoxicillin-clavulanate; alternative agents: ceftriaxone, cefpodoxime, or cefuroxime) **PLUS** a macrolide (azithromycin, clarithromycin, or erythromycin)*
3. In regions with a high rate (>25 percent) of infection with high-level (MIC ≥16 mcg/mL) macrolide-resistant *Streptococcus pneumoniae*, consider use of alternative agents listed in (2) above.

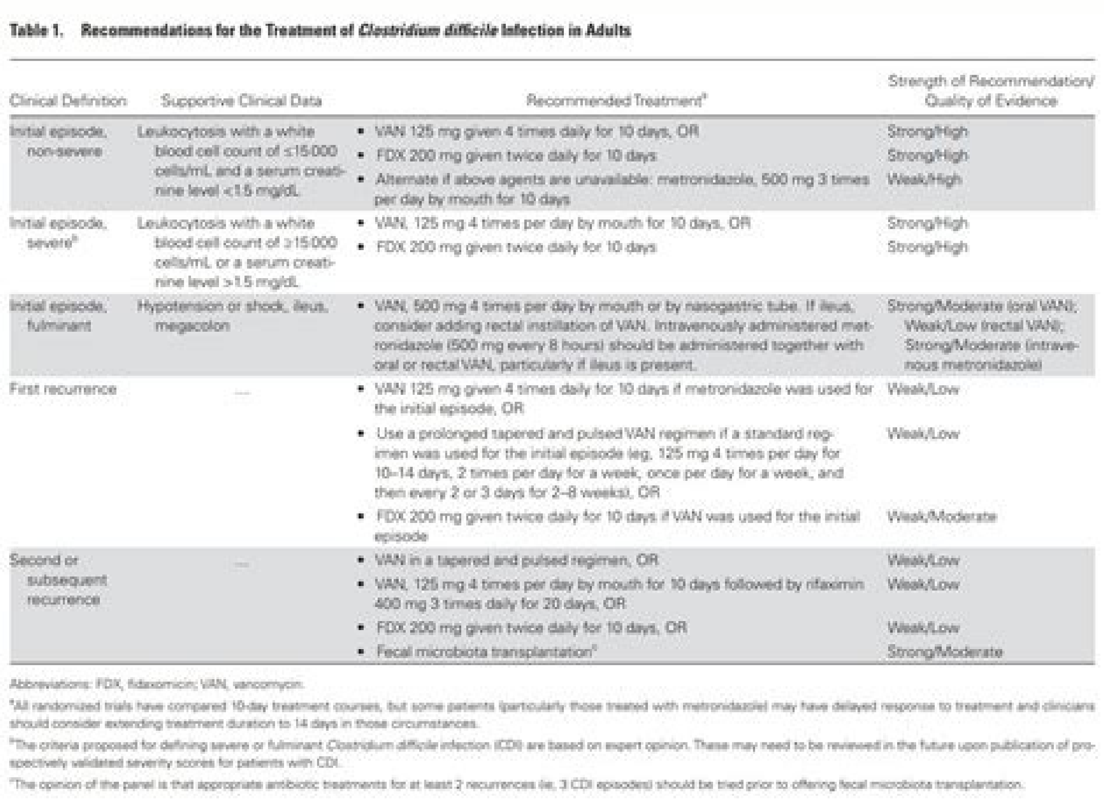


Table 1. Recommendations for the Treatment of *Clostridium difficile* Infection in Adults

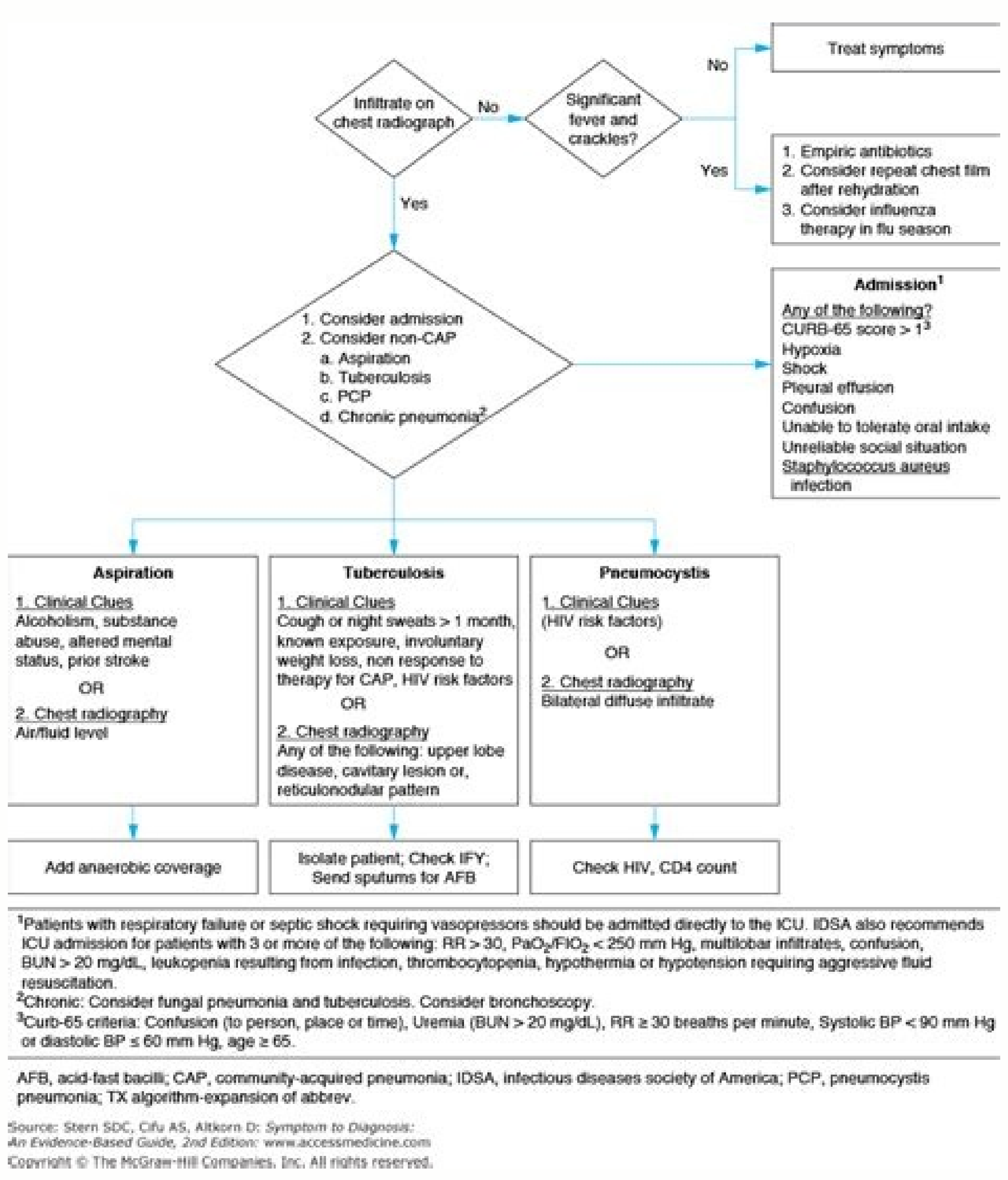
Clinical Definition	Supportive Clinical Data	Recommended Treatment[a]	Strength of Recommendation/ Quality of Evidence
Initial episode, non-severe	Leukocytosis with a white blood cell count of ≤15000 cells/mL and a serum creatinine level <1.5 mg/dL	• VAN 125 mg given 4 times daily for 10 days, OR • FDX 200 mg given twice daily for 10 days • Alternate if above agents are unavailable: metronidazole, 500 mg 3 times per day by mouth for 10 days	Strong/High Strong/High Weak/High
Initial episode, severe[b]	Leukocytosis with a white blood cell count of ≥15000 cells/mL or a serum creatinine level >1.5 mg/dL	• VAN, 125 mg 4 times per day by mouth for 10 days, OR • FDX 200 mg given twice daily for 10 days	Strong/High Strong/High
Initial episode, fulminant	Hypotension or shock, ileus, megacolon	• VAN, 500 mg 4 times per day by mouth or by nasogastric tube. If ileus, consider adding rectal instillation of VAN. Intravenously administered metronidazole (500 mg every 8 hours) should be administered together with oral or rectal VAN, particularly if ileus is present.	Strong/Moderate (oral VAN); Weak/Low (rectal VAN); Strong/Moderate (intravenous metronidazole)
First recurrence	...	• VAN 125 mg given 4 times daily for 10 days if metronidazole was used for the initial episode, OR • Use a prolonged tapered and pulsed VAN regimen if a standard regimen was used for the initial episode (eg, 125 mg 4 times per day for 10–14 days, 2 times per day for a week, once per day for a week, and then every 2 or 3 days for 2–8 weeks), OR • FDX 200 mg given twice daily for 10 days if VAN was used for the initial episode	Weak/Low Weak/Low Weak/Moderate
Second or subsequent recurrence	...	• VAN in a tapered and pulsed regimen, OR • VAN, 125 mg 4 times per day by mouth for 10 days followed by rifaximin 400 mg 3 times daily for 20 days, OR • FDX 200 mg given twice daily for 10 days, OR • Fecal microbiota transplantation[c]	Weak/Low Weak/Low Weak/Low Strong/Moderate

Abbreviations: FDX, fidaxomicin; VAN, vancomycin.

[a] All randomized trials have compared 10-day treatment courses, but some patients (particularly those treated with metronidazole) may have delayed response to treatment and clinicians should consider extending treatment duration to 14 days in those circumstances.

[b] The criteria proposed for defining severe or fulminant *Clostridium difficile* infection (CDI) are based on expert opinion. These may need to be reviewed in the future upon publication of prospectively validated severity scores for patients with CDI.

[c] The opinion of the panel is that appropriate antibiotic treatments for at least 2 recurrences (ie, 3 CDI episodes) should be tried prior to offering fecal microbiota transplantation.



[1] Patients with respiratory failure or septic shock requiring vasopressors should be admitted directly to the ICU. IDSA also recommends ICU admission for patients with 3 or more of the following: RR > 30, $PaO_2/FIO_2 < 250$ mm Hg, multilobar infiltrates, confusion, BUN > 20 mg/dL, leukopenia resulting from infection, thrombocytopenia, hypothermia or hypotension requiring aggressive fluid resuscitation.
[2] Chronic: Consider fungal pneumonia and tuberculosis. Consider bronchoscopy.
[3] Curb-65 criteria: Confusion (to person, place or time), Uremia (BUN > 20 mg/dL), RR ≥ 30 breaths per minute, Systolic BP < 90 mm Hg or diastolic BP ≤ 60 mm Hg, age ≥ 65.

AFB, acid-fast bacilli; CAP, community-acquired pneumonia; IDSA, infectious diseases society of America; PCP, pneumocystis pneumonia; TX algorithm-expansion of abbrev.

Source: Stern SDC, Cifu AS, Altkorn D: *Symptom to Diagnosis: An Evidence-Based Guide, 2nd Edition*: www.accessmedicine.com

Influenza idsa guidelines. Idsa coronavirus treatment guidelines.

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Feb 01, 2011 · Evidence-based guidelines for the management of patients with methicillin-resistant Staphylococcus aureus (MRSA) infections were prepared by an Expert Panel of the Infectious Diseases Society of America (IDSA). The guidelines are intended for use by health care providers who care for adult and pediatric patients with MRSA infections. Management of Adults With Hospital-acquired and Ventilator-associated Pneumonia: 2016 Clinical Practice Guidelines by the Infectious Diseases Society of America and the American Thoracic Society. Clin Infect Dis.2016; 63(5):e61-e111; Rotstein et al. Clinical practice guidelines for hospital-acquired pneumonia and ventilator-associated pneumonia ...

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