# Antimicrobial Days for Common Conditions

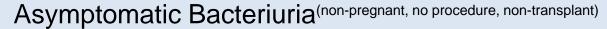


For references visit: https://health.ucdavis.edu/antimicrobialstewardship/education

# Genitourinary







- Observation is not a/w any negative outcomes<sup>1,2</sup>
- Treatment is only a/w increased resistance<sup>1,2</sup>
- Cloudy / foul smelling urine are not considered sxs<sup>3</sup>





## Uncomplicated UTI (in women)

- · Indications: absence of systemic or upper tract sxs
  - 3 d for TMP/SMX<sup>1</sup>
    5 d for nitrofurantoin<sup>1</sup> (preferred)
  - 7 d for beta-lactams<sup>2</sup>





## **Pyelonephritis**

- Indications: UTI w/ systemic or upper tract sxs
  - 5 d for levofloxacin<sup>1</sup> (preferred)
  - 7-10 d for TMP-SMX
    10-14 d for beta-lactams<sup>2</sup>

# Skin & Soft Tissue





#### **Abscesses**

- I & D sufficient in majority of cases
- Consider 5-7 day course for large or recurrent abscesses or if severe disease<sup>1</sup>





### Dog & Cat Bites

- Indications: for mod severe bites to hands / face or in the immunocompromised. May extend up to 5 days.<sup>1</sup>
- Consider observation in all others.<sup>1</sup>





#### Cellulitis

- 5 day course is not a/w any negative outcomes<sup>1,2</sup>
- Consider 7-10 days if minimal improvement by day 5<sup>1,3</sup>
- Limited improvement in first 24-48 hrs is not uncommon





## Diabetic Foot Infection (DFI)

- All DFIs require eval for staging, OM, & PAD¹
- In mod severe DFI w/o sepsis, obtain cultures first
- Duration depends on 1 stage, ± 2 debridement, ± 3 OM1