Short Course Antibiotic Therapy

	Criteria for short duration*	Recommended duration
Enterobacteriaceae bacteremia	1. No ongoing focus of infection 2. For at least 48 hours: • Hemodynamically stable • Afebrile ➢ Urinary source most commonly evaluated ➢ Short duration not well studied in non-lactose fermenting GNRs (ex: *Pseudomonas aeruginosa*) ➢ Most common oral antibiotic – fluoroquinolone	7 days
Community-acquired pneumonia (CAP)	1. Afebrile for 48 hours 2. No more than 1 sign of clinical instability • SBP < 90mm Hg • HR > 100/min • RR > 24/min • Arterial O_2 <90% or PaO_2 <60 mmHg at room air	5 days
Hospital-acquired (HAP) & ventilator associated pneumonia (VAP)	No abscess or empyema	7 days
Aspiration	Pneumonia: Use CAP or HAP/VAP criteria depending on setting of acquisition	5-7 days
	Pneumonitis vs. pneumonia (if initiated in critically ill): re-evaluate antibiotic need based on clinical improvement & imaging/lab/micro studies	≤ 48 hours
COPD & chronic bronchitis exacerbation (suspected bacterial etiology)	None	0-5 days
Cystitis, no urologic abnormalities or systemic signs & symptoms	None	5 days – Nitrofurantoin 3 days – TMP/SMX, levofloxacin 1 day – Fosfomycin 1-3 days – Aminoglycoside 5 -7 days – Beta-lactam
Complicated cystitis & pyelonephritis	No urogenital abnormalities	7 days – IV beta-lactam 5 days – Levofloxacin 7-10 days - IV beta-lactam to PO switch
Catheter-associated UTI	1. Catheter removed 2. Prompt symptom resolution 3. No upper-UTI 4. Women < 65 years old	3-5 days
Intra-abdominal infection	Cholecystitis or appendicitis s/p source removal (no perforation). Gastroduodenal perf repaired within 24h & traumatic bowel perf repaired within 12h	24 hours post-surgery
	Cholecystitis or appendicitis s/p source removal (perforation). Complicated peritoneal infection w/ good source control	4 days
	Cholecystitis or complicated intra-abdominal infection w/ no source-control**	4-7 days
	Spontaneous bacterial peritonitis	5 days
	Ischemic colitis (moderate to severe disease)	7 days
Uncomplicated cellulitis (no abscess, ulcer, severe sepsis, bacteremia, chronic/recurrent cellulitis)	Patient likely to self-monitor & follow-up in primary care	5 days
Osteomyelitis s/p amputation w/ no residual infected bone or tissue	None	48 hours post-surgery

*In addition to clinical response to treatment

** Diagnostic investigation recommended for signs of infection beyond 5-7 days of antimicrobial therapy

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