CNS Infections

- If meningitis suspected refer to CSU’s or empirically as above if severe
- If sepsis suspected refer to CSU’s or empirically as above if severe

IV Therapies

- For severe cases of SIRS (e.g., sepsis) IV therapy is necessary

COPD

- IV therapy may be required in severe disease or when disease is life-threatening

Skin/Soft Tissue Infections

- IV therapy is recommended for severe infections

Septic Arthritis/Native or Prosthetic Joint Infection

- Obtain blood cultures and consider empirical antibiotic therapy

Infective Endocarditis

- Possible infective endocarditis

Diabetic Foot Infection

- Isolated or multifocal (clinically recovered)
- SEVERE infection

- IV therapy is necessary
- IV therapy is necessary

Malignant Hyperpyrexia

- IV therapy is necessary

Organ transplant recipients

- IV therapy is necessary

CNS infections

- IV therapy is necessary

Antibiotic therapy

- Must be tailored to the individual patient

Suspected COVID-19 pneumonia

- Antibiotics are rarely indicated as bacterial co-infection is uncommon

Acute Osteomyelitis

- IV therapy is necessary

Septic Arthritis

- IV therapy is necessary

Pneumonia

- IV therapy is necessary

Pre Septal/Periorbital Cellulitis

- IV therapy is necessary

Suscepted to severe

- IV therapy is necessary

Moderate to severe

- IV therapy is necessary

Suspected Nonneutropenic Fasclullitis or severe or rapidly progressive infection

- IV therapy is necessary

Parenteral antibiotic therapy

- IV therapy is necessary

Vasculitis

- IV therapy is necessary

Septic shock

- IV therapy is necessary

Suspected to severe

- IV therapy is necessary

Pre Septal/Periorbital Cellulitis

- IV therapy is necessary

Septic shock

- IV therapy is necessary

Vasculitis

- IV therapy is necessary

Suspected to severe

- IV therapy is necessary

Pre Septal/Periorbital Cellulitis

- IV therapy is necessary

Septic shock

- IV therapy is necessary

Vasculitis

- IV therapy is necessary