**Sepsis Antibiotic Algorithm**

*** Cultures, lactate and SVO2 MUST be performed in all patients

Has the patient:
1. Had multiple infections/antibiotic courses during this hospitalization? AND/OR
2. Been infected or colonized with a multi-drug resistant organism other than MRSA in the past?

- Empiric antibiotic choices outlined in sepsis algorithm may not be appropriate.
- Review data and obtain ID approval immediately for antibiotics to ensure prompt delivery of appropriate therapy.

Does the patient have a beta-lactam allergy?

- NO
- YES

**CHOSE EITHER**

- **Option 1**
  - Cefepime 1 gm
  - Amikacin 15mg/kg
  - Vancomycin 1-1.5 gm
  - If intra-abdominal source is suspected:
    - Add Metronidazole 500mg

- **Option 2**
  - Levofloxacin 750mg
  - Amikacin 15mg/kg
  - Vancomycin 1-1.5 gm
  - If intra-abdominal source is suspected:
    - Add Metronidazole 500mg

Aztreonam 2gm
- Amikacin 15mg/kg
- Vancomycin 1-1.5 gm
- If intra-abdominal source is suspected:
  - Add Metronidazole 500mg

Empiric antifungal therapy may be appropriate in certain circumstances. Obtain ID approval for anti-fungals while antibacterial drugs are being delivered.

Vancomycin dose: weight ≤70kg = 1 gm x 1, weight > 70kg = 1.5gm x 1
Infuse after other antibiotics have been given