Discharge Antibiotic Timeout Checklist

Do you think a bacterial infection is the most likely cause of the patients symptoms?
(if not **strong** "yes") Could antibiotics be stopped?

If antibiotics stopped, skip to documentation

Is the preferred oral antibiotic planned?

Confirm/review pocket card for guidance.

Clarify allergies and assess past beta-lactam use

Do you plan to prescribe the antibiotic for the preferred total duration?

Confirm/review pocket card for guidance.

Have you documented the dose, indication, and total planned duration in the discharge summary?

Disease State	Preferred Oral Antibiotic (Doses for normal renal function)	Preferred Total Duration (Including effective inpatient duration)	Penicillin Allergy	
			Non-Severe	Severe ¶
Recommendations apply to patients who improved clinically in <72h. If ID consulted follow their recommendations. If available, target therapy to cultures & susceptibilities. Bacteremia, infectious complications (e.g. empyema), & severe immunosuppression (e.g. recent chemo) may require alternative/longer abx.				
GI Infections: Community-Acquired,* Mild-Moderate Severity*				
Acute Uncomplicated Diverticulitis	Amoxicillin/clavulanic acid 875 mg BID	4 days	Cefuroxime + Metronidazole	Ciprofloxacin + Metronidazole
Cholangitis with Successful ERCP	Amoxicillin/clavulanic acid 875 mg BID	4-7 days	Cefuroxime	Ciprofloxacin
Spontaneous Bacterial Peritonitis	Amoxicillin/clavulanic acid 875 mg BID	5 days	Cefuroxime	Ciprofloxacin
Skin/Soft Tissue Infections				
Non-Purulent Cellulitis	Cephalexin 1000 mg TID (add TMP/SMX 1-2 DS BID if risk factors for MRSA*)	5 days	Cephalexin ± TMP/SMX	Clindamycin
Purulent Cellulitis	TMP/SMX 1-2 DS BID; **I&D if abscess**	5 days	(Doxycycline if sulfa allergy)	
Pneumonia				
Pathway A* (Community-Acquired)	Amoxicillin/clavulanic acid 875 mg BID + azithromycin	5 days	Cefuroxime + azithromycin	Levofloxacin
Pathway B* (MDRO Risk Factors or Nosocomial Pneumonia)	If respiratory cx is negative or susceptible: Amoxicillin/clavulanic acid 875 mg BID	7 days	Cefuroxime	Levofloxacin
UTI: Treatment should only be given to patients with urinary symptoms.			**Alternative** (doses for normal renal fxn)	
Uncomplicated Cystitis	Nitrofurantoin 100 mg BID (CrCl>30)	5 days	TMP/SMX 1 DS BID (3 days); Fosfomycin 3gm (1 dose); Cephalexin 500mg BID (7 days)	
Complicated Cystitis* (CAUTI, male, immunosuppressed)	Nitrofurantoin 100 mg BID (CrCl>30); **If CAUTI, remove catheter if possible**	7 days	TMP/SMX 1 DS BID (7 days); Cephalexin 500mg QID (7 days); Fosfomycin 3gm q48h (3 doses)	
Uncomplicated Pyelonephritis	TMP/SMX 1 DS BID	7-14 days (7 days if ≤ 65 y/o)	Ciprofloxacin 500 mg BID (7 days); Cephalexin 500mg QID (10-14 days)	

Renal dose adjustment may be necessary for amoxicillin/clavulanic acid, TMP/SMX, beta-lactams, and fluoroquinolones.
* Please see Antimicrobial Stewardship Guidelines for definitions.
¶ Any IgE-mediated features (urticaria, angioedema, bronchospasm, hypotension).

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