

SHC Oral Antibiotic Step-Down Quick Reference Guide

This Reference Guide summarizes the preferred oral antibiotic step-down options for common infections.

Refer to [SHC Bugs and Drugs Website](#) for complete guidelines.

[SHC Antibiotic Dosing Guide](#) and [SHC Obesity Dosing Guide](#) for renal and obesity dose adjustments

Site	Infection	Antibiotic Regimens	Total Duration of Therapy
Pulmonary See SHC Pneumonia Guideline for further details	Community-Acquired Pneumonia (CAP)	<ul style="list-style-type: none"> Amoxicillin/Clavulanate 875/125 mg PO BID + Azithromycin 500 mg PO x 1, then 250 mg daily* Cefpodoxime 200 mg PO BID + Azithromycin 500 mg PO x 1, then 250 mg PO daily (alternative: 500mg PO daily x 3 days) Severe beta-lactam allergy: <ul style="list-style-type: none"> Levofloxacin 750 mg PO daily 	5 days
	Acute Bacterial Exacerbation of Chronic Bronchitis (COPD) without pneumonia	<ul style="list-style-type: none"> Azithromycin 500 mg PO daily x 3 days Azithromycin 500 mg PO x1, then 250 mg PO daily Doxycycline 100 mg PO BID 	3-5 days
Skin/Soft Tissue See SHC SSTI Guideline for further details	Non-purulent Cellulitis	<ul style="list-style-type: none"> Cephalexin 1 g PO TID or 500 mg PO 4x daily Severe beta-lactam allergy: <ul style="list-style-type: none"> Clindamycin 450 mg PO TID TMP/SMX 1-2 DS tab PO BID 	5 days (with early clinical response)
	Purulent Cellulitis, Skin Abscess	Culture-directed antibiotics: <ul style="list-style-type: none"> MRSA: TMP/SMX or Doxycycline as above MSSA: Cephalexin 1 g PO TID or 500 mg PO 4x daily; or Cefadroxil (NF) 1g PO QD or 500 mg PO BID 	5 days after I&D (with early clinical response)
Urinary See SHC UTI Guideline for further details	Uncomplicated UTI: Cystitis WITHOUT upper urinary tract infection, fever, bacteremia, or catheter	<ul style="list-style-type: none"> Nitrofurantoin (Macrobid) 100 mg PO BID Cephalexin 500 mg PO BID Amoxicillin/Clavulanate 500/125 mg PO BID TMP/SMX 1 DS tablet PO BID 	Nitrofurantoin, Beta- lactams: 5 days TMP/SMX, FQs: 3 days
	Complicated UTI: Pyelonephritis, fever, bacteremia, or catheter If GNR bacteremia, see SHC GNR Bacteremia Guidelines for further details	<ul style="list-style-type: none"> Cephalexin 1g PO TID; or cefadroxil (NF) 1g PO BID (limited data for bacteremia—see SHC GNR Bacteremia Guidelines) Amoxicillin/Clavulanate 875/125 mg PO BID-TID Ciprofloxacin 500 mg PO BID Levofloxacin 750 mg PO daily TMP/SMX 1-2 DS tablet PO BID 	7 days
Intra-Abdominal See SHC IAI Guidelines for further details	Appendicitis, community-onset WITHOUT Gram-negative bacteremia	<ul style="list-style-type: none"> Ciprofloxacin 500-750 mg PO BID + Metronidazole 500 mg PO BID-TID Amoxicillin/Clavulanate 875/125 mg PO TID 	Perforated with source control: 4 days post-procedure No appendectomy: 10 days
	Cholecystitis/Cholangitis, community-acquired WITHOUT Gram-negative bacteremia	<ul style="list-style-type: none"> Ciprofloxacin 500-750 mg PO BID Amoxicillin/Clavulanate 875/125 mg PO TID 	Source controlled (surgery or ERCP): 4 days post-procedure
	IAI w/Gram-negative bacteremia See SHC GNR Bacteremia Guidelines for further details	<ul style="list-style-type: none"> Ciprofloxacin 500-750 mg PO BID Levofloxacin 500-750 mg PO daily TMP/SMX 8-10 mg/kg/d (usually 2 DS tabs PO BID) 	7 days