

Table II: Treatment options for sepsis.

Site of infection	Potential pathogens	Recommended antibiotics	Comments
Lung (hospital acquired)	<i>Pseudomonas</i> <i>Enterobacter</i> <i>Acinetobacter</i> <i>Stenotrophomonas</i>	Cefepime or Ticarcillin-clavulanate Piperacillin-tazobactam ^b , plus Aminoglycoside ^a	A good sputum sample for culture and Gram stain. Antibiotic-sensitivities should guide antibiotic choice
Abdomen or pelvis	Gram-negative bacilli Anaerobes	Ticarcillin-clavulanate or Piperacillin-tazobactam ^b , plus Aminoglycoside ^a or Imipenem, meropenem, or doripenem	CT guided aspiration of localized abscess for culture and Gram stain when possible
Urinary tract	<i>Escherichia coli</i> <i>Klebsiella</i> <i>Proteus</i>	Ciprofloxacin Ceftriaxone	Past history of UTI and past cultures should guide antibiotic choice
Skin	<i>Staphylococcus aureus</i> (MSSA and MRSA) <i>Streptococcus pyogenes</i> Mixed anerobic/anaerobic	Vancomycin and/or Ticarcillin-clavulanate or Piperacillin-tazobactam ^b or Imipenem, meropenem, or doripenem	For cellulitis vancomycin to cover for MRSA, if no evidence for MRSA oxacillin or cefazolin preferred. Necrotizing fasciitis requires broader spectrum coverage. Clindamycin also may be added (reduces toxin production)
Bacteremia of unknown source (hospital acquired)	MRSA Gram negative bacilli	Cefepime plus Vancomycin	Need to know the sensitivity patterns of gram-negative bacilli in your hospital (ESBL containing gram-negative bacilli warrant carbapenem coverage)
Bacteremia of unknown source (community-acquired)	<i>Staphylococcus aureus</i> <i>Streptococcus pneumoniae</i> <i>Escherichia coli</i> ,	Ceftriaxone or cefepime plus Vancomycin	Depends on the sensitivities of gram-negative bacilli in the community. (ESBL are presently

	<i>Klebsiella, Proteus</i>		uncommon in the community)
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CT, computed tomography; ESBL, extended-spectrum beta-lactamase; MIC, minimum inhibitory concentration; MRSA, methicillin-resistant *S. aureus*; MSSA, methicillin-sensitive *S. aureus*; UTI, urinary tract infection.