### Pneumonia
CRBSI8556 score: 0

**Clinical diagnosis**

- Early Onset, Age <7
- Early onset, Age ≥65

**Investigation**

- CXR
- sputum/bronchoalveolar lavage

**Guidance**

- Penicillin 1st line
- Ceftriaxone (if immediate availability fails)
- Ciprofloxacin

**Duration**

- Penicillin: 7 days
- Ceftriaxone: 10 days
- Ciprofloxacin: 14 days

### Gastro-Intestinal

**Guidance**

- If oral antibiotics appropriate, OR if IV required, treat as per CURB65
- biliary sepsis: consider 10-14 days

### Skin/Soft Tissue

**Guidance**

- Penicillin or Flucloxacillin
- Clindamycin
- Gentamicin
- Fucidin

**Duration**

- Penicillin: 7-10 days
- Flucloxacillin: 14 days
- Clindamycin: 10 days
- Gentamicin: 7 days
- Fucidin: 7 days

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### Clostridium difficile infection (CDI) risk.

- Use the following antibiotics with caution in high risk patients e.g. frail elderly, immunosuppressed, prolonged hospital stay, previous CDI, recent antibiotics.

### Sepsis - Source Unknown

**Guidance**

- Sepsis Source Unknown: Start empirical antibiotics urgently on arrival at hospital and after blood cultures
- CT scan before IP if seizures, reduced GCS, papilloedema, CNS signs or immunosuppression
- Seek ID microbiology advice.

**Neutrophilic Sepsis**

- Standard antibiotic: Piperacillin/Tazobactam 4.5g IV over 2 hours (IM or IV)
- In mild pancytopenia, Cefazidime 2g IV (in severe pancytopenia allow below)

**Sepsis - Source Unknown**

- Amoxicillin 1g/2g IV (if no MRSA)
- Gentamicin 80mg/kg 12 hourly

**Duration**

- 7 days

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### URGENT IV THERAPY

**Infusion**

- 500-1000 ml normal saline
- 5% Dextrose

**Further advice**

- Can be obtained from the Duty Microbiologist, Ph 0800 304 305
- Refer to full guidance for further information.

**Endocarditis**

**Possible infective endocarditis**

- Patient develops afib
- No antibiotic usually required.