**CNS26**

**IA32**

**GU30,31**

**Respiratory**

**SSTI27**

**HAP/HCAP29**

**CAP28**

Piperacillin-tazobactam IV

**OR**

Carbapenem IV

**OR**

Fluoroquinolone IV

**AND**

Metronidazole IV

**OR**

3rd/4th generation cephalosporin IV

**AND**

Metronidazole IV

Aminoglycoside IV

**OR**

3rd generation cephalosporin IV

**OR**

Piperacillin-tazobactam IV

3rd generation cephalosporin IV

**AND**

Macrolide IV

PCN allergy:

Respiratory fluoroquinolone IV

Pseudomonal risk:

**ADD**

Piperacillin-tazobactam IV

**OR**

Anti-pseudomonal cephalosporin IV

MRSA risk:

**ADD**

Vancomycin IV

**Purulent:**

Vancomycin IV

**Non-purulent:**

Vancomycin IV

**PLUS**

1st generation cephalosporin IV

**OR**

Piperacillin-tazobactam IV

Necrotizing infection:

**ADD**

Clindamycin IV

Vancomycin IV

**AND**

3rd generation cephalosporin IV

Age > 50 or immunocompromised:

**ADD**

ampicillin IV

Suspect Viral Source:

**ADD**

Acyclovir IV

CSF shunt or penetrating trauma:

Vancomycin IV

**AND**

Anti-pseudomonal cephalosporin IV

**OR**

Carbapenem IV

Vancomycin IV

**AND**

Piperacillin-tazobactam IV

**OR**

Anti-pseudomonal cephalosporin IV

**OR**

Respiratory fluoroquinolone IV

**OR**

Carbapenem IV

**+/-**

Aminoglycoside IV

**Appendix.** Empiric antimicrobial regimens based on suspected source of infectiona

aIf suspected source of infection is not listed, antimicrobial treatment was compared to pertinent clinical practice guidelines

CNS: Central Nervous System; CSF: Cerebral Spinal Fluid; SSTI: Skin and Soft Tissue Infection; CAP: Community Acquired Pneumonia; HAP: Hospital Acquired Pneumonia; HCAP: Healthcare Associated Pneumonia; PCN: Penicillin; GU: Genitourinary; IA: Intra-Abdominal