## Antimicrobial Days for Common Conditions

### Bloodstream

- **Gram Negative (Enterobacteriaceae) Bacteremia**
  - Indications: for uncomplicated bacteremia, w/o a deep focus of infxn, that clinically improve within 48-72 hrs\(^1,2\)
  - Consider 7-14 days for higher risk patients

- **Catheter-Related Bloodstream Infection (CRBSI)**
  - Indications: for uncomplicated bacteremia, w/ clinical improvement at 48-72 hrs, and CVC has been removed
  - 5 d for CoNS, 7 d for *Enterobacteriaceae*, 14 d for *S aureus*

### Gastrointestinal

- **Intra-abdominal Infection (IAI)**
  - Indications: complicated IAI w/ effective source control
  - 4 day course non-inferior to 48 hrs past SIRS resolution\(^1,2\)
  - Longer courses a/w similar fail rates, but identified later\(^1\)

- **Spontaneous Bacterial Peritonitis (SBP)**
  - Indications: for uncomplicated SBP clinically improved by time of completion\(^1,2\)
  - Consider repeat paracentesis if symptoms persist

- **Diverticulitis**
  - Consider resuscitation w/o abxs for stable patients w/ uncomplicated disease\(^1,2\)
  - Consider repeating imaging if symptoms persist

- **Clostridium difficile Infection (C diff)**
  - Oral vancomycin for 1\(^{st}\) episode, mild – severe disease\(^1,2\)
  - Consider vancomycin taper or fidaxomicin x 10 days for recurrent episodes\(^1\)

- **Necrotizing Pancreatitis**
  - Prophylaxis is not recommended\(^1\)
  - Higher quality, pooled RCT data over past 15+ years show no improvement in any outcome\(^2-5\)

For references visit: [https://health.ucdavis.edu/antimicrobial-stewardship/education](https://health.ucdavis.edu/antimicrobial-stewardship/education)