

# DISORDER

## Meningitis

Meningococcal  
Pneumococcal

group B Strep

listeria

## Encephalitis

### Brain Abscess

Oral, otogenic, sinus  
hematogenous spread

penetrating head trauma

## Blepharitis

## Conjunctivitis

## Cellulitis

Periorbital

Orbital

## Acute Otitis Media

## Otitis Externa

## Sinusitis

Acute

Chronic

## Strep Pharyngitis

## Laryngitis

Acute

Chronic

## Epiglottitis

## Peritonsillar Abscess

## Rheumatic fever

## Endocarditis

# BUG

*neisseria meningitidis*  
*Strep pneumo*

group B Strep in neonates

listeria

HSV1

*Strep viridans*, *S. aureus* MC

aerobic/anaerobic

gram + s

gram - s

*S. aureus*, enterobacter

*S. aureus*, coag- Strep

*S. aureus*

Paranasal sinus → *S. pneumo*,

*Moraxella*, *H. Flu*

Skin → *S. aureus*, *S. pyogenes*

*S. aureus*

*H. influenza* more common

*S. pneumo* more severe

*Pseudomonas*,

*S. epiderm*, *S. aureus*

*S. pneumo*, *H. influenza*

colonizing *S. aureus*

group A Strep

viral

*H. influenza*

## DRUG

ceftriaxone or IV PCN

ceftriaxone/cefotaxime

PLUS vancomycin +dex

empiric amp+gent + ceph

definitive penicillin ± amp

amp/penicillin PLUS gent

acyclovir

metronidazole + ceftriaxone

vancomycin

metronidazole + ceftriaxone

vancomycin + ceftriaxone

topical: bacitracin, erythro

refractory: doxy/tetra, azithro

erythro (peds), bactrim drops

contacts → ofloxacin, cipro drops

no skin trauma hx → augmentin

hx skin trauma → linezolid

IV Vanc + ceftriaxone/cefotaxime

amox or augmentin

moderate → Cipro

severe → Cipro + oral quinolone

amox or augmentin

augmentin

penicillin

IV ceftriaxone

IM Penicillin G

empiric: vancomycin

if prosthetic → add gentamicin

and cefepime/carbapenem

MSSA: nafcillin/oxacillin

prosthetic → nafcillin + gent

MRSA: vancomycin

prosthetic → +gent + rifamp

HACEK: ceftriaxone/ciproflox

# NEURO

# ENT

# CARDIAC

# PULMONARY

Acute Bronchiolitis  
Influenza

## Pneumonia

Ambulatory  
(outpatient)

Hospitalized  
(inpatient)

Severe  
(ICU)

## Tuberculosis

Pneumocystis Jiroveci

## FUNGAL INFECTIONS

Histoplasmosis  
Blastomycosis  
Coccidioidomycosis  
Cryptococcosis

Acute cholecystitis

Cholangitis

Liver Abscess

Esophagitis

Gastritis

Diverticulitis

Appendicitis

RSV  
Orthomyxovirus

*S. pneumoniae* → rust colored sputum,  
*Mycoplasma* ("walking")  
*H. influenzae*

above +  
*Legionella* (high fever)  
*Klebsiella*

above +  
*S. aureus*  
*Pseudomonas*

*Mycobacterium tuberculosis*

pneumocystis jiroveci

*H. capsulatum*  
*Blastomyces dermatidis*

Supportive + ribavirin  
oseltamivir, peramivir

Outpatient abx: amox, doxy, or azithro  
• comorbidities → amox/clav (or ceft) AND macrolide (or doxi). Resp. fluoroquinolone  
Inpatient abx: ceftriaxone + azithro or doxy  
• can use fluoroquinolone

If MRSA → vancomycin  
Pip-tazo (alt. cephepime)

active: rifampin, isoniazid, pyrazinamide, ethambutol  
latent: isoniazid, rifapentine  
4 months of rifampin OR isoniazid and rifampin daily  
TMP-SMX and steroids

itraconazole. If severe → ampb  
itraconazole. If severe → ampb  
fluconazole or itraconazole  
ampotericin B

Mild: Unasyn (cefazolin + metro)  
mod: Zosyn (ceftazidime + metro)  
severe: Zosyn or Cefepime + metro

Zosyn (alt. quinolone + metro + carbapenem)  
Zosyn + metro OR  
cephalosporin + metro  
OR carbapenem

fluconazole  
acyclovir, IV ganciclovir  
PPI + amox + clarithromycin  
PPI + bismuth + metro + tetra  
If outpatient: quinolone + metro  
amoxiclav. If inpatient: Zosyn  
alt. metro + ceftriaxone or quinolone  
Zosyn  
alt. metro + ceftriaxone or quinolone

*E. coli*, *Klebsiella*, Strep.  
*S. aureus*

*Candida albicans*

Other: HSV, CMV

*H. pylori*

gram+ rods

*Pseudomonas*, *E. coli*,  
bacteroids

# G/HEPATOBILIARY

# GENITOURINARY

## DISORDER

Sexually Transmitted  
 trichomoniasis  
 chlamydia  
 gonorrhea  
 herpes simplex virus  
 chancroid  
 granuloma inguinale  
 syphilis  
 Urinary Tract  
 Infection  
 pyelonephritis

## BUG

trichomonas vaginalis  
 chlamydia trachomatis  
 neisseria gonorrhoea  
 HSV  
 haemophilus ducreyi  
 klebsiella granulomatous  
 treponema pallidum  
 e.coli

## DRUG

metronidazole  
 doxycycline  
 ceftriaxone

azithromycin or ceftriaxone  
 azithromycin  
 penicillin

nitrofurantoin or TMP-SMX  
 alt. cipro or amox/clav  
 outpatient: fluoroquinolone (7d)  
 or TMP-SMX (14d)  
 inpatient: IV fluoroquinolone  
 or aminoglycoside + amp (or ceph)

Orchitis/epididymitis

<35 → chlamidia/gonorrhea  
 >35 → enteric gram-

ceftriaxone + doxy  
 fluoroquinolone (cipro)  
 fluoroquinolone

prostatitis

gram rods - e.coli, klebsiella, etc

TICK-BORNE

Lyme Disease

Rocky Mountain spotted fever  
BITS

Human

borrelia burgdorferi

rickettsia rickettsia

doxy, amox (peds)  
 If severe → IV ceftriaxone  
 doxycycline

Dog  
 Cat  
 Cat Scratch

oral → eikenella, group A  
 strep, fusobacterium  
 skin → staph, strep

Pasturella, anaerobes  
 bartonella henselae

oral → amox/clav  
 IV → unasyn or zosyn  
 (alt. ceftriaxone + metro (or clinda))  
 ↓  
 tetanus/rabies prophylaxis

Rabies  
 Tetanus  
 Diphtheria

rhabdoviridae virus

end-of-life support

Arthritis

Septic  
 Reactive

S.aureus, gonorrhea, pseudomonas  
 gram bacteria

vanc + anti-pseudomonal

Osteomyelitis

S.aureus, pseudomonas (IV drug use)

vanc + cephalosporin

Necrotizing Fasciitis

polymicrobial or group A strep

carbapenem or pip-taz -  
 AND Clindamycin

Skin Infections

Cellulitis  
 Erysipelas  
 Abscess

group A strep, S. aureus  
 group A strep  
 S. aureus

B-lactam, if MRSA → TMP-SMX  
 oral - penicillin IV cephalosolin  
 oral - TMP-SMX. IV vanc + cef

# SKIN/BONE