

Selected Empiric Antibiotics for Patients Discharged from the Emergency Department or Urgent Care

Condition	First-line	Alternative	Duration
Head and Neck (it's just Augmentin)			
Acute bacterial sinusitis	Amoxicillin-clavulanate (high-dose)	PCN allergy: cefdinir	10 days
Acute otitis media	Amoxicillin (high-dose)	Recent amox (past 30 days): amox-clav PCN allergy: cefdinir	<2 years old: 10 days ≥2 years old: 5-7 days
Otitis externa	Ciprofloxacin 0.3% solution +/- prednisolone 1% suspension	Neomycin-Polymyxin-Hydrocortisone otic suspension	7 days
Cervical lymphadenitis	Amoxicillin-clavulanate	PCN allergy: clindamycin	10 days
Peritonsillar abscess	Amoxicillin-clavulanate	PCN allergy: clindamycin	14 days
Odontogenic infection or abscess	Amoxicillin-clavulanate	PCN allergy: clindamycin	10-14 days (needs f/u)
Preseptal cellulitis	Amoxicillin-clavulanate	PCN allergy: cefdinir plus clindamycin	7 days
Lower respiratory tract			
CAP, influenza, COVID-19	Refer to Pediatric CAP Guidelines or Children's COVID-19 Guidelines		
Genitourinary and STI			
UTI with systemic symptoms (e.g., fever, vomiting), pyelonephritis	Cephalexin (review cultures) Option: ceftriaxone x1, then cephalexin See Pediatric Ambulatory UTI Algorithm	Allergy or prior resistant bacteria: TMP-SMX, ciprofloxacin	7-10 days. Follow up cultures.
Cystitis (Bladder symptoms ONLY)	Nitrofurantoin	Cephalexin, cefdinir, or TMP-SMX	5 days. Follow up cultures.
Gonorrhea (adolescent)	Ceftriaxone 500 mg (>150 kg: 1000 mg). Treat chlamydia if not ruled out.	Allergy: Gentamicin plus azithromycin	Single dose.
Chlamydia (adolescent)	Doxycycline x 7d. Treat gonorrhea if not ruled out.	Azithromycin 1g x1. Less preferred.	Doxycycline: 7 days
Pelvic inflammatory disease	Ceftriaxone + doxycycline + metronidazole	Consult ID	Ceftriaxone: single dose Doxycycline + metronidazole: 14 days
Acute HSV, no prior history	Valacyclovir (adult: 1000 mg BID)	Acyclovir (adult: 400 mg TID)	7 days
Skin and Soft Tissue			
Cellulitis, uncomplicated	Cephalexin	Severe or h/o MRSA: cephalexin plus TMP-SMX	5-7 days
Cutaneous abscess	TMP-SMX. Culture pus.	Doxycycline	5-7 days. Follow up cultures.
SSTI + fresh- or salt-water exposure	Levofloxacin + TMP-SMX	Consult ID	10 days
Cellulitis with puncture wound through shoe	Ciprofloxacin plus cephalexin	Ciprofloxacin plus doxycycline or TMP- SMX	10 days. Needs follow-up.
Tinea, sites other than scalp	Ketoconazole 2% cream	Terbinafine 1% cream (not on UNC formulary)	2-4 weeks.
Tinea capitis or Kerion	Griseofulvin	Terbinafine PO (Age ≥4 years)	Tinea capitis: 6 weeks Kerion: 6-12 weeks. Needs follow-up.

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UNC Children's & Carolina Antimicrobial Stewardship Program JOINT GUIDELINE



How to use this Guidance

Background: This team identified a need to provide empiric antibiotic selection guidance for children presenting to UNC Children's with common infectious conditions. We used literature, local experience, and local antibiogram data to formulate these recommendations.

Scope: This guidance is for use at UNC Children's Hospital. Only the conditions specifically addressed are included. This document is intended for patients evaluated in the Emergency Department or Urgent Care and discharge home is planned. For dosing recommendations, we recommend using Lexi-Comp or consulting with Pharmacy or Pediatric Infectious Diseases as necessary.

Intended Use: This guidance is intended to be used to assist with empiric antibiotic selection in generally healthy (see below) pediatric patients who are diagnosed with or suspected to have one of the infectious conditions listed in the Tables. This document applies to pediatric patients for whom discharge from the ED or UC is anticipated. This document provides guidance only, and as such this document should not supersede clinical judgment. For example, if a child is known to be recently colonized with MRSA and is being treated for skin and soft-tissue infection, MRSA coverage should be included. Likewise, patients who failed treatment with the recommended (or similar) agent may need alternative therapy.

When microbiologic data become available, efforts should be made to ensure patients are receiving optimal therapy.

Excluded patients: Excluded patients include:

- Infants under 60 days of age
- Recent hospitalization within 30 days
- Recent surgery or implanted device associated with the site of suspected infection
- Major chronic conditions, including but not limited to: chronic kidney disease, chronic liver disease, immunocompromised status, significant cardiac disease, significant pulmonary disease (not including well-controlled asthma), significant neurologic disease or developmental conditions
- Suspected recurrence of infection (for example, UTI recurrence <30 days after recent treatment)
- Any other case in which the treating team believes that the specific patient scenario alters the likely causative pathogen or antimicrobial resistance pattern