

# Septic Shock

## Undifferentiated Source

Recommended Regimen	
Early Onset	
Community acquired	Ceftriaxone 1 g IV q24h
*Ceftriaxone 2 g IV may be appropriate initially due to changes in pharmacokinetics in septic shock.	
Late Onset	
Critical care admission Suspected hospital acquired infection Recent history of immunosuppression (i.e. chemotherapy) Previous intravenous broad-spectrum antibiotic usage or history of colonization/infection with MDR pathogens	Piperacillin-Tazobactam 4.5 g IV q8h
Specific pathogens (If previous history of or suspected colonization)	
Pseudomonas sp.	Piperacillin-Tazobactam 4.5 g IV q6h
ESBL producing pathogens	Ertapenem 1 g IV q24h
ESBL-producing pathogens + Pseudomonas sp.	Meropenem <sub>(R)</sub> 500 mg IV q6h
MRSA	Add Vancomycin IV (see Osler dosing guide)
For suspected C. difficile	PO Vancomycin + IV Metronidazole

(R) – This antimicrobial agent is **restricted**; Refer to Osler's antimicrobial restriction policies for more information