		Gram positive				Gra	m negative			
	Strep	MSSA	MRSA	VSE	VRE	Normal	Pseudomonas	Anaerobe	Atypical	Comments
Penicillin	+++	Ø	Ø	+	+	+	Ø	++(mouth)	(+++) syphilis, Leptospira	GAS, syphilis
Amox/amp	++	Ø	Ø	(+++)	(+++)	++	Ø	+	+Lyme	UTI, Listeria, Enterococcus
Augmentin/Unasyn	++	++	Ø	+++	+++	+++	Ø	+++	Ø	Sinusitis, asp. PNA, bites, cholangitis
Nafcillin/oxacillin	+	(++++)	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Invasive MSSA
Zosyn	++	++	Ø	+	+	++++	++++	++++	Ø	Pseudomonas, GI, HCAP
1 Cefazolin/cephalexin	+++	++++	Ø	Ø	Ø	+	Ø	Ø	Ø	Skin, cellulitis
2 Cefotetan	++	++	Ø	Ø	Ø	++	Ø	++	Ø	Abdominal/pelvic infections
3 Ceftriaxone	++	++	Ø	Ø	Ø	+++	Ø	Ø	CNS or cardiac Lyme	q24h dosing convenient; UTIs; CAP w/ azithro
3 Cefpodoxime	++	++	Ø	Ø	Ø	++	Ø	Ø	Ø	PO, similar spectrum as ceftriaxone
3 Ceftazidime	+	+	Ø	Ø	Ø	+++	+++	Ø	Ø	Febrile neutropenia
4 Cefipime	++	++	Ø	Ø	Ø	++++	+++	Ø	Ø	Broad GNR coverage
5 Ceftaroline	++	+++	++++	Ø	Ø	+++	Ø	Ø	Ø	MRSA
Meropenem	+++	+++	Ø	+	Ø	++++	+++	++++	+	Use for ESBL
Ertapenem	+++	+++	Ø	Ø	Ø	++++	Ø	++++	+	No Pseudomonas, but convenient dosing
Aztreonam	Ø	Ø	Ø	Ø	Ø	+++	++	Ø	Ø	Ok in severe penicillin allergy
Gemtamicin	++	++	++	Ø	Ø	+++	++	Ø	Plague, F. tularensis	Strep or Enterococcus endocarditis (in combination)
Tobramycin	+	+	+	Ø	Ø	+++	+++	Ø	Ø	VAP (in combination)
Amikacin	+	+	+	Ø	Ø	++++	++	Ø	Ø	Tough UTIs
Vancomycin	+++	++	++++	+++	Ø	Ø	Ø	C. diff if PO	Ø	Measure troughs
Linezolid	+++	+++	++++	+++	+++	Ø	Ø	Ø	Ø	MRSA, VRE. Marrow toxicity
Daptomycin	+++	+++	++++	+++	+++	Ø	Ø	Ø	Ø	MRSA, VRE. Don't use for lung infection
Tigecycline	+++	+++	+++	+++	+++	+++	Ø	+++	Ø	3rd line, may increase mortality
Doxycycline	++	++	++	+	+	Ø	Ø	Ø	++++	CAP, atypical infections
TMP-SMX	+	+++	++	Ø	Ø	++	Ø	Ø	P. jirovecii, Nocardia	Elevates K <sup>+</sup> and Cr
Clindamycin	+++	Ø	++	Ø	Ø	Ø	Ø	+++	Babesia	GI side effects common
Nitrofurantoin	+	Ø	Ø	+	+	++	Ø	Ø	Ø	Uncomplicated UTI
Metronidazole	Ø	Ø	Ø	Ø	Ø	Ø	Ø	++++, including $C.$ diff	Some protozoa	Good anaerobe coverage
Colistin (polymixin E)	Ø	Ø	Ø	Ø	Ø	++++	++++	Ø	Ø	GNR coverage of last resort
Rifaximin	Ø	Ø	Ø	Ø	Ø	++	Ø	Ø	Ø	Hepatic encephalopathy
Ciprofloxacin	Ø	+	+	Ø	Ø	+++	++	Ø	Ø	GI, GU infections
Levofloxacin	++	++	+	Ø	Ø	+++	++	Ø	+++	Pneumonia, expensive
Azithromycin	++	+	Ø	Ø	Ø	+	Ø	Ø	+++	CAP, chlamydia
Drug of choice										•

Source: Antibiotics Review for Students, Interns, and Residents – MGH Internal Medicine