

Dosing Recommendations for Common Infections	
Infection	Common First Line Antibiotic Choice, Dose (Max/Dose) and Duration*
<b>Bone and Joint</b>	
<b>Osteomyelitis</b>	Cefazolin 50 mg/kg/dose IV q8 (2g) 4 weeks
<b>Septic Arthritis</b>	Cefazolin 50 mg/kg/dose IV q8 (2g) 3 weeks
<b>Head and Neck</b>	
<b>Acute Otitis Media</b>	Amoxicillin 45 mg/kg/dose BID (875 mg) 5-10 days
<b>Acute Sinusitis</b>	Amoxicillin-clauv 45 mg amox/kg/dose PO BID (1g) 10 days
<b>Strep Pharyngitis</b>	Amoxicillin 50 mg/kg daily (1g) 10 days
<b>Suppurative Cervical Lymphadenitis</b>	Ampicillin-Sulbactam 50 mg amp/kg/dose IV q6 (2g)
<b>Gastrointestinal</b>	
<b>C. difficile</b>	Metronidazole 10 mg/kg/dose PO TID (500 mg) 10 days
<b>Rupture appendicitis</b>	Piperacillin-tazobactam 100 mg pip/kg/dose IV q8 (6g) 7 days
<b>Genitourinary</b>	
<b>PID, outpatient</b>	Ceftriaxone 50 mg/kg/dose IM x1 (250mg) + Doxycycline 2.5 mg/kg/dose PO BID (100 mg) 14 days + Metronidazole 10 mg/kg/dose PO BID (500 mg) 14 days
<b>PID, inpatient</b>	Cefoxitin 40 mg/kg/dose IV q6 (2g) + Doxycycline IV/PO 2.5 mg/kg/dose PO BID (100 mg)
<b>Pyelonephritis</b>	Ceftriaxone 50 mg/kg/dose IV q24 (2g) 10 days
<b>UTI 3-23 months, febrile, healthy, outpatient</b>	Cephalexin 25 mg/kg/dose TID (500 mg) 10 days
<b>UTI &gt;24 months, healthy, outpatient</b>	Cephalexin 25 mg/kg/dose PO TID (500 mg) 3-5 days
<b>Respiratory</b>	
<b>Community-acquired pneumonia, outpatient</b>	Amoxicillin 30 mg/kg/dose PO TID (500 mg-1g) 7 days
<b>Community-acquired pneumonia, inpatient</b>	Ampicillin 50 mg/kg/dose IV q6 (2g) 7 days
<b>Community-acquired pneumonia, complicated</b>	Ceftriaxone 50 mg/kg/dose IV q24 (2g) + Vancomycin 15-20 mg/kg/dose IV q6-8 h (1g)
<b>Aspiration pneumonia</b>	Ampicillin-sulbactam 50 mg amp/kg/dose IV q6 (2g) 7 days
<b>Skin and Soft Tissue</b>	
<b>Cellulitis, non-purulent</b>	Cefazolin 25 mg/kg/dose IV q8 (1g) OR cephalexin 25 mg/kg/dose PO TID (1g) 5-7 days
<b>Cellulitis, purulent or abscess</b>	TMP-SMX 6 mg TMP/kg/dose IV/PO q12 (160 mg) 5-7 days

\*Make sure to review patient's allergic history prior to prescribing. While these are often first line antibiotic choices, clinical decision-making on antibiotic prescribing should be based on the patient's entire clinical picture.