Algorithm 2: Empiric Intravenous Antibacterial Therapy for Community-Acquired Cellulitis Based on Host Status and in Patients without Preceding Antibiotic Therapy

Assessment of Host

Immunocompetent

Preferred:
Cefazolin
Nafcillin^*

Alternative:
Vancomycin\textsuperscript{1,2}
Daptomycin\textsuperscript{1,2}
Linezolid\textsuperscript{1,2}
Dalbavacin\textsuperscript{1,2,*}
Moxifloxacin
Levofloxacin

Diabetic
(Without a foot ulcer)

Preferred:
Cefazolin
Ampicillin-Sulbactam

Alternative:
Daptomycin\textsuperscript{1,2}
Vancomycin\textsuperscript{1,2}
Linezolid\textsuperscript{1,2}
Tigecycline\textsuperscript{1}
Ertapenem
Moxifloxacin
Clindamycin\textsuperscript{2}

Imunosuppressed

See Algorithm 3

*Investigational
\textsuperscript{1}Provides consistent MRSA Coverage
\textsuperscript{2}Provides NO gram negative coverage

^Oxacillin or Nafcillin can be used interchangeably. Availability will very based on hospital formulary.

If patient has been hospitalized or received broad spectrum antibiotics in past 3 months, has been exposed to community-acquired MRSA, or the cellulitis is associated with an abscess, consider using anti-MRSA antibiotic.