

Supplementary Table S1. Suggested Empiric Antibiotics for Suspected Common Infections in Hospitalized Adult Patients at Siriraj Hospital

Infection syndrome	Risk	Suggested Empiric Antibiotic	Note
Sepsis without identified source of infections	CAI, no MDR risk ¹	Ceftriaxone	Add doxycycline or azithromycin if suspected rickettsial infections ²
	CAI, MDR risk ¹	IV Co-amoxiclav or Piperacillin/tazobactam	Add doxycycline or azithromycin if suspected rickettsial infections ²
	HAI	Meropenem	Add vancomycin if suspected IV catheter-related infection or evidence of previous MRSA colonization/infection
	HAI, breakthrough carbapenem	Colistin	Add vancomycin if suspected IV catheter-related infection or evidence of previous MRSA colonization/infection
Soft tissue and skin structure infections (SSSIs)	CAI, no MDR risk ¹	IV Cloxacillin or Cefazolin	IV-to-PO switch to dicloxacillin or cephalexin after having clinical improvement and having no contraindication of oral antibiotic
	CAI, MDR risk ¹	Ceftriaxone or IV co-amoxiclav	IV-to-PO switch to co-amoxiclav after having clinical improvement and having no contraindication of oral antibiotic
	CAI, animal bite	IV Co-amoxiclav	IV-to-PO switch to co-amoxiclav after having clinical improvement and having no contraindication of oral antibiotic
	HAI	Piperacillin/tazobactam	Add vancomycin if suspected MRSA infection ³
		Ceftazidime and clindamycin	Replace clindamycin with vancomycin if suspected MRSA infection ³
Pneumonia	HAI, breakthrough carbapenem	Colistin and vancomycin	
	CAI, no MDR risk ¹	Ceftriaxone and azithromycin	Replace ceftriaxone with co-amoxiclav if suspected aspiration pneumonia Replace ceftriaxone with ceftazidime if having risk of <i>Burkholderia pseudomallei</i> infections Add oseltamivir if having recent Flu symptoms or history of close contact to Flu case
	CAI, MDR risk ¹	Ceftriaxone and azithromycin Or levofloxacin monotherapy	Replace ceftriaxone with ceftazidime if having risk of <i>Burkholderia pseudomallei</i> infections Add oseltamivir if having recent Flu symptoms or history of close contact to Flu case
	HAI	Piperacillin/tazobactam	Add vancomycin if suspected MRSA infection ³
		Meropenem	Add vancomycin if suspected MRSA infection ³
Upper UTIs	HAI, breakthrough carbapenem	Colistin	Add vancomycin if suspected MRSA infection ³ Add clindamycin if suspected aspiration pneumonia ⁴
	CAI, no MDR risk ¹	Ceftriaxone	Gentamicin if having normal renal function
	CAI, MDR risk ¹	Amikacin	If having normal renal function
		IV Co-amoxiclav	If having impaired renal function
		Ertapenem	If previous colonization or infection with ESBL-producing GNB in the past 3 months and having impaired renal function
	HAI	Meropenem	
	HAI, breakthrough carbapenem	Colistin	Add vancomycin if suspected MRSA infection ³ or <i>E. faecium</i> infection

Abbreviation

CAIs, community-acquired infections – the onset of symptoms occurs before hospitalization/within 48 hours after hospitalization and no healthcare associated conditions i.e. chronic hemodialysis, indwelling urinary catheter

HAIs, hospital-acquired infections – the onset of symptoms occurs >48 hours after hospitalization or with healthcare associated conditions i.e. chronic hemodialysis, indwelling urinary catheter

SSSIs, Soft tissue and skin infections – including cellulitis, erysipelas, abscess, surgical site infections, etc.

MDR = Multi-Drug Resistant

MRSA = Methicillin-Resistant *Staphylococcus aureus*

Footnote:

1. **MDR risks** - previous antibiotic therapy or previous MDR bacteria colonization/infection within the past 3 months
2. **Suspected rickettsial infection** – i.e. undifferentiated fever, generalized lymphadenopathy, eschar, history of chigger or tick bite
3. **Suspected MRSA infection** - having evidence of MRSA colonization or gram-staining of clinical specimen shows gram-positive cocci in clusters while receiving beta-lactam therapy
4. **Suspected aspiration pneumonia** – having history of aspiration or having risk of aspiration (i.e. presence of nasogastric tube)