



Fever without a source (<6 weeks)

 **Group B strep, E. coli, Listeria ("GEL")**


 Ampicillin IV + Gentamicin IV (<1mo) or
Ampicillin IV + Cefotaxime IV

 **Septic workup!**
Consider acyclovir if HSV risk factors.


Fever without a source (>6 weeks)

 **S. pneumoniae, H. influenza (type B), N. meningitidis ("SHIN")**

 Ceftriaxone IV

 Consider well vs unwell → if unwell add
Vancomycin IV & in case of **resistant strep**.


Otitis Media


 **S. pneumoniae, Moraxella, H. influenza (non-typable), Viruses**


 High dose Amoxicillin PO

 Consider **"watchful waiting"** if >6mo & mild case.

Bacterial Pharyngitis


 **Group A strep**

 Penicillin PO or Amoxicillin PO

 **CENTOR criteria** for swabbing.
Treat for prevention of rheumatic fever.


Community Acquired Pneumonia

 **S. pneumoniae, Group A strep, H. influenza, S. aureus, MRSA**


 Amoxicillin PO or Ampicillin IV or
Ceftriaxone IV (for severe or complicated cases)

 May require **admission if significant respiratory distress, hypoxia or requiring IV hydration.**

Aspiration Pneumonia


 **Oral anaerobes**

 Clindamycin IV/PO or Amox-clav PO or
Penicillin PO + Metronidazole IV/PO

 Important to distinguish **aspiration pneumonitis vs aspiration pneumonia.**

Impetigo

 **S. aureus, Group A strep**


 Topical antibiotic: Polysporin or Fucidin or
Bactroban

 **Honey colored crusting**, typically on face.

Cellulitis


 **S. aureus, Group A strep, MRSA**


 **Mild:** Cephalexin PO
Moderate-Severe: Cefazolin IV

 PO vs IV treatment based on extent & presence
of **systemic symptoms.**

UTI / Pyelonephritis


 **Klebsiella, E. coli, Enterococcus, Enterobacter, Proteus, Citrobacter ("KEEEPC's")**


 **PO:** Cefixime or TMP-SMX or Amox-clav
IV: Ceftriaxone or Ampicillin + Gentamicin (<1mo)

 **Hospitalization** if very young, toxic, complicated UTI, or unable to tolerate PO intake.

Osteomyelitis & Septic Arthritis

 **S. aureus, Group A strep, MRSA, K. kingae**

 Cefazolin IV or Cloxacillin PO (+ Vancomycin IV if MRSA)

 **Always start with IV**, step down to PO based on response.