It's about time:
Antibiotic duration

*Information for hospital clinicians on **antibiotic duration** for common conditions in adults*

The recommended duration of antibiotic therapy for many infections are probably SHORTER than you think. Monitor clinical progress and review any culture and susceptibility results, then modify therapy and duration if required.

Ask yourself:
- Does my patient still need antibiotics?
- Can we switch to oral therapy yet?
- Is the antibiotic plan or duration documented?

Location	Condition	Recommended duration (Total = IV plus oral)*
Gastrointestinal	Acute cholangitis	Without biliary drainage: **7 to 10 days** With biliary drainage: **5 days** after drainage
	Appendicitis	Uncomplicated: **STOP** after surgery Complicated: **5 days** after surgery
	Cholecystitis	Acute calculous cholecystitis: **STOP** after surgery, otherwise, **maximum 7 days** Acute acalculous cholecystitis: **5 days** after surgery
	Diverticulitis	Uncomplicated (non-severe): **5 days** Complicated (severe): *With surgery:* **5 days** after surgery *Without surgery:* **7 to 10 days**
Respiratory	Community-acquired pneumonia (including aspiration)	Low to moderate severity: **5 to 7 days** High severity: **7 days** (except azithromycin, **3 to 5 days**)
	Hospital-acquired pneumonia (including aspiration)	**7 days**
	Infective exacerbation of bronchiectasis	**10 to 14 days**
	Infective exacerbation of COPD	**5 days**
Skin and soft tissue	Cellulitis	Without systemic features: **5 days** With systemic features: **5 to 10 days**
Urinary Tract	Cystitis	Female: **5 days** (except trimethoprim, **3 days**) Male: **7 days**
	Pyelonephritis	**10 to 14 days** (except ciprofloxacin, **7 days**)

When your patient is being discharged from hospital, think about the TOTAL duration of therapy required (include IV and oral therapy already received during inpatient stay), and only prescribe what's needed.

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