Ten tenets of antimicrobial prescribing

- Make a diagnosis.
- Follow antimicrobial guidelines.
- Consider host, likely disease agent, and drug when selecting an antimicrobial.
- Use the correct dose and duration.
- Document indication, drug, dose, frequency, route, and duration.
- Incorporate watchful waiting, as appropriate.
- Regularly review the need for therapy.
- Teach clients to administer antimicrobials.
- Do not prescribe antimicrobials “just in case.”
- Use a tiered approach, choosing antimicrobials with lower importance to human medicine first.

Tips for client satisfaction

- Recommend specific symptomatic therapy when antibiotics are not needed.
- Provide a plan if symptoms do not improve.
- Educate clients. Combine positive treatment recommendations with explanations for why antibiotics are not needed.
- Answer questions.
- When using delayed prescriptions, write an expiration date on the prescriptions so it can be filled only during the watchful waiting period.

Watchful waiting: Delay prescribing for conditions that often self-resolve. Communicate the plan for watchful waiting, letting the client know when to be concerned or contact you for follow-up.
**Feline bacterial upper respiratory infection**

- **Doxycycline**: 5 mg/kg PO q12hr
- **Amoxicillin**: 22 mg/kg PO q12hr

Consider watchful waiting if clinical signs present <10 days.

If clinical signs present >10 days or worsen over 5-7 days, antibiotic therapy (above) might be warranted.

**Canine infectious respiratory disease**

- **Doxycycline**: 5 mg/kg PO q12hr
- **Amoxicillin-clavulanate**: 11 mg/kg PO q12hr

Consider watchful waiting if clinical signs present <10 days.

Treat within 10 day period if fever, lethargy, or inappetence present with mucopurulent discharge.

**Bacterial pneumonia**

<table>
<thead>
<tr>
<th>Pneumonia without sepsis</th>
<th>Pneumonia with sepsis</th>
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<tbody>
<tr>
<td>Ampicillin, ampicillin-sulbactam, or cefazolin. Use oral equivalents if IV is not needed.</td>
<td>Parenteral fluoroquinolone plus ampicillin OR parenteral fluoroquinolone plus ampicillin-sulbactam OR parenteral fluoroquinolone plus clindamycin OR base on culture and susceptibility testing</td>
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Re-evaluate in 7-10 days to determine treatment duration.

**Canine superficial pyoderma**

- **Cephalexin**: 15-30 mg/kg PO q12hr
- **Clindamycin**: 5.5-10 mg/kg PO q12hr

Topical treatment with antiseptics alone may be sufficient for mild or focal cases.

Frequent re-evaluation is needed to determine treatment duration.

*Staph.* strains resistant to erythromycin may develop resistance to clindamycin during treatment.

**Sporadic bacterial cystitis**

- **Amoxicillin**: 10-15 mg/kg PO q12hr
- **Trimethoprim-sulfa**: 15-30 mg/kg PO q12hr

UTI is uncommon in young cats. Consider alternative diagnoses, such as urolithiasis and feline idiopathic cystitis.

**Recurrent bacterial cystitis**

Definition: >3 UTIs in 12 months or ≥2 in 6 months.

Perform diagnostics (e.g., urinary tract imaging) to identify predisposing cause.

Treat as for sporadic bacterial cystitis and/or based on culture and susceptibility testing.

**Pyelonephritis**

- **Enrofloxacin**: 5-20 mg/kg PO SID (dog)
- **Marbofloxacin**: 2.7-5.5 mg/kg PO q12hr
- **Cefpodoxime**: 5-10 mg/kg PO q24hr (dog)

10-14 days

**Acute diarrhea**

Antibiotics might cause further dysbiosis.

Consider dietary, prebiotic, probiotic, and supportive therapy.

**Acute hemorrhagic diarrheal syndrome with sepsis**

- **Amoxicillin**: 10-15 mg/kg PO q12hr
- **Metronidazole**: 10-15 mg/kg PO q12hr

Antibiotics indicated only with degenerative left shift/sepsis.