

Carbapenem Resistant Enterobacteriaceae (CRE) Treatment Algorithm

Infectious Diseases and Infection Control should be notified of all CRE infection!

Use the following guidelines if

1. CRE isolate reported by Verigene® from bloodstream or
2. Sepsis with history of documented CRE infection in the past 90 days

Contact Microbiology to request sensitivity to ceftazidime-avibactam +/- ceftolozane-tazobactam

Isolates will not be routinely tested against these agents without special request

Promptly de-escalate therapy per sensitivity data

Remember that isolates detected as CRE by Verigene® can remain phenotypically susceptible to common drug classes

	Initial Therapy	Sensitivity Known
Pathogen Unknown¹	meropenem + colistimethate	adjust per speciation and sensitivity report (see "Pathogen Known" below)

¹ rapid diagnostics pending or unable to detect target

	Genus	Initial Therapy	Sensitive to	Adjusted Therapy
Pathogen Known¹ (confirmed but phenotype pending)	<i>Acinetobacter</i>	meropenem + colistimethate	meropenem, cephalosporin or quinolone only aminoglycoside or colistin	de-escalate appropriately meropenem + colistimethate (vs colistin monotherapy ³)
	<i>Pseudomonas</i>	ceftolozane-tazobactam ² + colistimethate	meropenem, cephalosporin or quinolone ceftolozane-tazobactam only ceftazidime-avibactam only aminoglycoside or colistin	de-escalate appropriately ceftolozane-tazobactam ceftazidime-avibactam meropenem + colistimethate (vs colistin monotherapy ³)
	<i>Enterobacteriaceae</i> (e.g., <i>E. coli</i> , <i>Klebsiella</i> , <i>Enterobacter</i>)	ceftazidime-avibactam ² + colistimethate	meropenem, cephalosporin or quinolone ceftazidime-avibactam only aminoglycoside or colistin	de-escalate appropriately ceftazidime-avibactam meropenem + colistimethate (vs colistin monotherapy ³)

¹ only for KPC or OXA isolates confirmed by Verigene® (treat other gene expression as "Pathogen Unknown")

² add empiric metronidazole for intra-abdominal infection

³ Paul et al Lancet 2018