Table III. CDC Guidelines to minimize antibiotic usage.

| CDC 12 Step | Examples of Inappropriate Use |
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| 4. Target the pathogen | Continued use of broad spectrum agent when narrower agent is available<br>Use of vancomycin use for methicillin-susceptible *Staphylococcus aureus* infection rather than oxacillin<br>Inadequate therapy<br>Use of gentamicin for a gentamicin-resistant pathogen<br>Continued use of 2 agents when a single agent is adequate<br>Use of vancomycin and gentamicin for *Staphylococcus epidermidis* blood stream infection |
| 6. Practice antimicrobial control | Prolonged postoperative prophylaxis (eg, cefazolin: >24–48 h)<br>Chest tube prophylaxis (eg, cefazolin: >24–48 h) |
| 8. Treat infection, not contamination or colonization | Colonization<br>Continued treatment of CONS blood stream infection with positive central venous catheter and negative peripheral blood culture in stable infant<br>Contamination<br>Treatment of positive arterial culture with negative blood cultures from other sites in stable infant<br>Treatment of a urine culture positive for ≥2 organisms in stable infant |
| 9. Know when to say "no" (to antibiotics) | Initial therapy with broad spectrum agent<br>Use of a carbapenem for empiric treatment of late onset sepsis (without evidence of necrotizing enterocolitis or multi-drug resistance)<br>Redundant coverage<br>Use of a carbapenem and metronidazole for treatment of anaerobic pathogens in necrotizing enterocolitis |
| 10. Stop treatment when infection is cured or unlikely | Prolonged duration of therapy<br>Treatment of *Staphylococcus epidermidis* blood stream infection for >10 d since last positive culture and/or for longer duration than indicated in treatment plan<br>Treatment of *Staphylococcus aureus* or gram negative bacilli blood stream infections >14 d since last positive culture and/or for longer duration then indicated in treatment plan |