

Table 1. Antibiotic Treatment Options for MRSA

Antibiotic	Route	Indications	Routine Dose	Major Side Effects
Trimethoprim-Sulfamethoxazole (Septra, Bactrim)	PO, IV	Skin and soft tissue infections. Not specifically FDA approved for infections due to MRSA.	1 double strength tablet (160 mg TMP/800 mg SMX) po bid	Anemia, neutropenia, rash, pruritus, Stevens-Johnson syndrome. Not recommended during the third trimester of pregnancy.
Minocycline (Minocin) and Doxycycline (Doryx)	PO	Skin and soft tissue infections. Not specifically FDA approved for infections due to MRSA.	100 mg po bid	Photosensitivity, rash. Not recommended for use during pregnancy.
Clindamycin (cleocin)	PO, IV	Skin and soft tissue infections, bone infections. Not specifically FDA approved for infections due to MRSA.	300-600 mg po tid-qid	Rash, Clostridium difficile colitis
Rifampin (Rifampicin)	PO	Should not be used as a single agent. May be used in combination for treatment and eradication of MRSA.	600 mg po qd	Rash, liver inflammation. High frequency of drug-drug interactions.
Vancomycin (Vancocin)	IV	Endocarditis, bacteremia, bone/joint infections.	1000 mg q 12 hours	Hypersensitivity reactions, red man syndrome.
Quinupristin -Dalfopristin (Synercid)	IV	Skin and soft tissue infections.	7.5 mg/kg q 8-12 hours	Arthralgias, myalgias.
Linezolid (Zyvox)	IV, PO	Skin and soft tissue infections, pneumonia.	600 mg q 12 hours	Bone marrow suppression. Note: Not recommended for routine oral use due to potential for inducing resistance, toxicity, and high cost.
Daptomycin (Cubicin)	IV	Skin and soft tissue infections.	4 to 6 mg/kg q day	Myopathy.