Table 1. Antimicrobial Therapy for $\it Enterococcus faecalis Susceptible$ to Glycopeptides

Infection	Antibiotic(s) primary:	Comments
Urinary tract infection	alternative Ampicillin: Vancomycin Nitrofurantoin Fosfomycin	Nitrofurantoin only for (cystitis) with isolates susceptible, not in sepsis or renal failure, usual duration 7-10d
Intraadominal infection	Ampicillin: Beta lactamase inhibitors, Vancomycin	Not essential to treat for Enterococcus in all intraabdominal infection, unless organisms cultured, patient severely ill, duration 10-14d
Endocarditis	Ampicillin or Penicillin plus Gentamicin: Streptomycin, vancomycin (Penicillin allergy)	To be used in combination for the treatment of enterococcal endocarditis caused by organisms susceptible in vitro to either agent; streptomycin is used when gentamicin cannot be used because of high level resistance. Ampicillin plus gentamicin for 4-6 weeks is treatment of choice for endocarditis
Intravenous Catheter	Ampicillin:	Duration 10-14d, some
Bacteremia	Vancomycin	patients (single positive blood culture will respond to removal of the line alone

See table 2 for drug dosages