Brain Abscess

**Empiric therapy:**

1. Neurosurgical consultation
2. Obtain blood cultures
3. Empiric antibiotics:
   a. IV Vancomycin (target trough 15 - 20 mcg/mL) + ceftriaxone 2g IV q12h + metronidazole 500mg IV/PO q6-8h
   b. If concern for extension from otitis externa, use an antipseudomonal cephalosporin (cefepime 2g IV Q8h) instead of ceftriaxone
4. Infectious Diseases consultation

*Aminoglycosides, macrolides, tetracyclines (e.g. doxycycline), clindamycin, beta-lactam/beta-lactamase combinations (e.g. Zosyn) and first-generation cephalosporins (e.g. cefazolin) should NOT be used as they do not cross the blood-brain barrier at high concentration.*

*Brain abscesses are generally polymicrobial, therefore broad-spectrum antibiotics are indicated*

*Consider HIV testing in any patient with a brain lesion.*

**Antibiotic Duration:** Based on surgical drainage and Infectious Diseases guidance