**Supplementary Table 2. EASL Empirical Antibiotic Treatment recommendations for Community-Acquired and Nosocomial Bacterial Infections in Cirrhosis**

|  |  |  |
| --- | --- | --- |
| **Type of infection** | **Community-acquired infections** | **Nosocomial infections** |
| **SBP, SBE, and spontaneous bacteremia** | Cefotaximeor ceftriaxoneor amoxicillin-clavulanic acid | Piperacillin-tazobactam †or meropenem ‡ ± glycopeptide § |
| **UTI** |
| Uncomplicated | Ciprofloxacinor cotrimoxazole | Nitrofurantoinor fosfomycin |
| If sepsis | Cefotaximeor ceftriaxoneor amoxicillin-clavulanic acid | Piperacillin-tazobactam †or meropenem ‡ ± glycopeptide § |
| **Pneumonia** | Amoxicillin-clavulanic acidor ceftriaxone + macrolideor levofloxacinor moxifloxacin | Piperacillin-tazobactam †or meropenem-ceftazidime + ciprofloxacin ± glycopeptide § should be added in patients with risk factors for MRSA ¶ |
| **Cellulitis** | Amoxicillin-clavulanic acidor ceftriaxone + oxacillin | Meropenem-ceftazidime †† + oxacillinor glycopeptides § |

Abbreviations: EASL, European Association for the Study of the Liver; SBP, spontaneous bacterial peritonitis; SBE, spontaneous bacterial empyema; UTI, urinary tract infection; MRSA, methicillin-resistant *Staphylococcus aureus*.

† In areas with a low prevalence of multidrug resistant bacteria.

‡ To cover extended-spectrum b-lactamase (ESBL)-producing *Enterobacteriaceae*.

§ Intravenous vancomycin or teicoplanin in areas with a high prevalence of MRSA and VSE. Glycopeptides must be replaced by linezolid in areas with a high prevalence of VRE.

¶ Ventilator-associated pneumonia, prior antibiotic use, and nasal MRSA carriage.

†† Antibiotics active against *Pseudomonas aeruginosa*.