

ANMC Adult Orthopedic Surgery Antibiotic Guide

Diagnosis	Preferred Antibiotic	Duration
IVDU-Associated Abscess	Vancomycin IV <u>If septic or tendon involvement:</u> <ul style="list-style-type: none"> • Add Ampicillin/sulbactam 3g IV q6hr 	5 days
Fight Bite	<u>Preferred therapy:</u> <ul style="list-style-type: none"> • Ampicillin/sulbactam 3g IV q6hr • Amoxicillin/clavulanate 875mg PO q12hr <u>Non-anaphylactic PCN allergy:</u> <ul style="list-style-type: none"> • Ceftriaxone 2g IV q24hr PLUS Metronidazole 500mg IV/PO q8hr <u>Anaphylactic β-Lactam allergy:</u> <ul style="list-style-type: none"> • Levofloxacin 500mg IV/PO q24hr PLUS Clindamycin 600mg IV q8hr (450mg PO q8hr) 	Prophylaxis with open wound: 3 to 5 days Infected: 7 to 14 days
Necrotizing Fasciitis	Vancomycin IV PLUS Cefepime 1g IV q8hr PLUS Clindamycin 900mg IV q8hr <ul style="list-style-type: none"> • Consider ID Consultation 	7+ days depending on clinical resolution
Open Fracture Prophylaxis	<u>Type I and II</u> <ul style="list-style-type: none"> • Cefazolin 2g (3g if weight >120kg) IV q8hr <u>Anaphylactic β-lactam allergy:</u> <ul style="list-style-type: none"> • Clindamycin 900mg IV q8hr <u>Known MRSA colonization:</u> <ul style="list-style-type: none"> • Add Vancomycin IV 	24 hours
	<u>Type III (No gross contamination)</u> <ul style="list-style-type: none"> • Ceftriaxone 2g IV q24hr <u>Anaphylactic β-lactam allergy:</u> <ul style="list-style-type: none"> • Levofloxacin 500mg IV q24hr PLUS Clindamycin 900mg IV q8hr <u>Known MRSA colonization:</u> <ul style="list-style-type: none"> • Add Vancomycin IV 	24 hours after wound closure (max 48 hours)
	<u>Type III (SOIL or FECAL contamination)</u> <ul style="list-style-type: none"> • Ceftriaxone 2g IV q24hr PLUS Metronidazole 500mg IV q8hr <u>Anaphylactic β-lactam allergy:</u> <ul style="list-style-type: none"> • Levofloxacin 500mg IV q24hr PLUS Metronidazole 500mg IV q8hr <u>Known MRSA colonization:</u> <ul style="list-style-type: none"> • Add Vancomycin IV 	48 hours after wound closure
	<u>Type III (Standing water contamination)</u> <ul style="list-style-type: none"> • Piperacillin/Tazobactam 3.375g IV q8hr extended infusion (infuse over 4 hours) <u>Anaphylactic β-lactam allergy:</u> <ul style="list-style-type: none"> • Levofloxacin 500mg IV q24hr PLUS Clindamycin 900mg IV q8hr <u>Known MRSA colonization:</u> <ul style="list-style-type: none"> • Add Vancomycin IV 	48 hours after wound closure
Septic Arthritis/Joint	Vancomycin IV PLUS Ceftriaxone 2g IV q24hr <ul style="list-style-type: none"> • Consider ID Consultation 	2-6 weeks
Osteomyelitis	Vancomycin IV , therapy should be adjusted based on gram stain/bacteria identification <ul style="list-style-type: none"> • Consider ID Consultation 	4-6 weeks