

## ANMC Adult Orthopedic Surgery Antibiotic Guide

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