

ANMC Antibiotic Guidelines for Gastrointestinal Surgical Prophylaxis

Suspected Pathogens		Intraoperative Re-dosing Frequency
Polymicrobial process: <i>Staph. aureus</i> <i>Enterobacteriaceae</i> *Anaerobes (including <i>Bacteroides</i>) <i>Enterococcus sp.</i> <i>Strep. sp.</i> <small>*Anaerobes less significant unless bile duct to bowel anastomosis or fistula present for cholecystectomy patients</small>		<ul style="list-style-type: none"> Cefazolin: 4 hours Clindamycin: 6 hours Gentamicin: N/A Levofloxacin: N/A Metronidazole: N/A
Antibiotic Selection		
Treatment Selection		
Procedure	Adult Treatment Options	Pediatric Treatment Options
Lower GI Tract <ul style="list-style-type: none"> Colectomy Uncomplicated appendectomy Small bowel obstruction 	<p>Preferred Therapy:</p> <ul style="list-style-type: none"> Cefazolin 2-3gm IV PLUS <ul style="list-style-type: none"> Weight <120 kg: 2gm Weight ≥120 kg: 3gm Metronidazole 500mg IV <p>Type I PCN Allergy:</p> <ul style="list-style-type: none"> Levofloxacin 500mg IV PLUS Clindamycin 900mg IV 	<p>Preferred Therapy:</p> <ul style="list-style-type: none"> Cefazolin 30 mg/kg/dose IV PLUS Metronidazole 10 mg/kg/dose IV <p>Type I PCN Allergy:</p> <ul style="list-style-type: none"> Gentamicin 2.5 mg/kg/dose IV PLUS Clindamycin 10 mg/kg/dose IV
Gastroduodenal <ul style="list-style-type: none"> Cholecystectomy Whipple Bypass surgery 	<p>Preferred Therapy:</p> <ul style="list-style-type: none"> Cefazolin 2-3 gm IV <ul style="list-style-type: none"> Weight <120 kg: 2gm Weight ≥120 kg: 3gm <p>Type I PCN Allergy:</p> <ul style="list-style-type: none"> Clindamycin 900mg IV 	<p>Preferred Therapy:</p> <ul style="list-style-type: none"> Cefazolin 30 mg/kg/dose IV <p>Type I PCN Allergy:</p> <ul style="list-style-type: none"> Clindamycin 10 mg/kg/dose IV
CONSIDERATIONS		
<ul style="list-style-type: none"> Post-operative antibiotic dosing is optional, but if given should be discontinued within 24 hours of surgery Bowel preparation with oral antimicrobial decontamination(neomycin) prior to colectomy remains controversial, however, Nichols bowel prep has been revitalized at ANMC and may be considered for elective colorectal resection Due to <i>E.coli</i> resistance >10%, empiric quinolone use alone is cautioned in high-risk/severe cases 		
<small>Antimicrobial Stewardship Program Approved May 2017</small>		

Joint Surgical Infection Society and Infectious Diseases Society of America Guidelines (CID 2010:50); Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery (ASHP 2013;70(3))