Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Abdomen

Abdomen

1. The regimens below may NOT cover Multi-drug Resistant Organisms (MRDO) in all cases. See note on MDRO .
2. **Fungal Infection** is an important consideration in patients with intra-abdominal sepsis. In patients at high risk of fungal infection e.g. upper GI perforation, consider antifungal therapy; discuss with Microbiology or Infectious Diseases.
3. Most patients with **acute pancreatitis** do NOT have necrotising pancreatitis and do NOT require antibiotic prophylaxis.

Empiric Antibiotics for Abdominal Infections

Infection	1st Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction See penicillin hypersensitivity section for further information	Penicillin allergy: immediate or severe delayed reaction	Comment
The regimens below may NOT cover Multi-drug Resistant Organisms (MRDO) in all cases. See note on MDRO				
Intra-abdominal **Mild Community Acquired** e.g. cholecystitis/ appendicitis/	Co-amoxiclav IV 1.2g every 8 hours	CefUROXime IV 1.5g every 8 hours + Metronidazole** IV 500mg every 8 hours	Ciprofloxacin** IV 400mg every 12 hours + Metronidazole** IV 500mg every 8 hours	Duration 4 to 7 days assuming adequate source control
Intra-abdominal **Moderate to Severe Community &** **All Hospital Acquired** including cholangitis/ intra-abdominal abscess/diverticulitis	Piperacillin/ tazobactam IV 4.5g every 8 hours **Add** Gentamicin IV **IF** sepsis . Give **one dose** per GAPP App calculator. See footnote* re further doses and monitoring.	CefTRIAXone IV 2g every 24 hours + Metronidazole** IV 500mg every 8 hours **Add** Gentamicin IV **IF** sepsis . Give **one dose** per GAPP App calculator. See footnote* re further doses and monitoring.	Ciprofloxacin** IV 400mg every 12 hours + Gentamicin IV **one dose** per GAPP App calculator. See footnote* re further doses and monitoring. + Vancomycin IV infusion, dose per GAPP App calculator. See footnote* re monitoring. + Metronidazole** IV 500mg every 8 hours	Discuss with Microbio-logy or Infectious Diseases. Duration 7 to 10 days assuming adequate source control.
Infected Necrotising Pancreatitis Patients with acute pancreatitis admitted to ICU or necrotising pancreatitis confirmed by imaging	CefTRIAXone IV 2g every 24 hours + Metronidazole IV 500mg every 8 hours		Ciprofloxacin IV 400mg every 12 hours + Metronidazole IV 500mg every 8 hours	Review need for antibiotics every 72 hours. See note below.
	Discuss with Microbiology or Infectious Diseases if deterioration or requiring antibiotics for more than 5 days			
Spontaneous Bacterial Peritonitis	CefTRIAXone IV 2g every 24 hours **Add** Gentamicin IV **IF** sepsis. Give **one dose** per GAPP App calculator. See footnote* re further doses and monitoring.		Ciprofloxacin** IV 400mg every 12 hours **Add** Gentamicin IV IF sepsis. Give **one dose** per GAPP App calculator. See footnote* re further doses and monitoring.	5 days
Peritoneal Dialysis Peritonitis	Vancomycin Intraperitoneally 30mg/kg (max. 3g) loading dose, then 30mg/kg (max. 2g) every 5 to 7 days + Ciprofloxacin PO 500mg every 12 hours • Patient to be treated in PD Unit • Protocol and detailed guidelines available on QPulse & in PD Unit			
Cirrhosis with Acute Variceal Haemorrhage, Prophylaxis	CefTRIAXone IV 2g every 24 hours		Ciprofloxacin PO 500mg every 12 hours	7 Days
Prophylaxis for patients with an absent or dysfunctional spleen	**Phenoxymethyl-penicillin PO** **666mg** (Calvepen®) every 12 hours **OR** **Amoxicillin PO** 500mg every 24 hours	**Erythromycin PO** 250 to 500mg every 24 hours	Oral absorption of phenoxymethylpenicillin is limited and affected by a number of variables. For emergency self initiated therapy of a suspected systemic infection treatment with amoxicillin is preferable. See Appendix 2 for guidelines for management of patients with absent or dysfunctional spleen (adults only) including recommended vaccines & antibiotics.	
	Emergency treatment doses			
	Amoxicillin PO 500mg to 1g every 8 hours	**Erythromycin PO** 500mg to 1g every 6 hours		

* Review need for ongoing Gentamicin and Vancomycin on a daily basis. Continue with **once daily Gentamicin** dosing ONLY if **Consultant/Specialist Registrar** recommended. For advice on monitoring see Gentamicin **&** Vancomycin Dosing & Monitoring section.

**Switch from IV to oral Ciprofloxacin and Metronidazole as soon as possible

Refs:

1. *IDSA Guidelines for Diagnosis and Management of Complicated Intra-abdominal infections in Adults & Children. Clin Infect Dis 2010;50:133-164* (Archived)
2. *The Surgical Infection Society revised guidelines on the management of intra-abdominal infection. Surg Infect 2017:18:1.*
3. *American Gastroenterological Association clinical practice update: management of pancreatic necrosis. Gastroenterology 2020;158:67-75*
4. *2019 WSES guidelines for the management of severe acute pancreatitis. World J Emerg Surg 2019:14:27.*
5. *BMJ Best Practice: Spontaneous bacterial peritonitis. Updated 23rd Oct 2023. Bestpractice.bmj.com/topics/en-gb/793*
6. *ISPD Peritonitis guideline recommendations:2022 update on prevention and treatment. Perit Dial Int 2022;42(2):110-153.*
7. *Prophylactic antibiotics on patients with cirrhosis and upper gastrointestinal bleeding: a meta-analysis. PLoS ONE 17(12):e0279496.*
8. *GUH Procedure for Treating a Patient with Peritonitis (QPulse CLN-NM-095)*