

## Waterford: Antimicrobial Guidelines - Antimicrobial Guideline: Spontaneous Bacterial Peritonitis

### General points

- Send blood cultures and ascitic fluid for WCC and culture.
- Inoculating ascitic fluid into blood culture bottles may increase pathogen yield from culture.
- Review previous microbiology test results for history of MDROs – contact microbiology if required.
- Gastroenterology consult advised.

### Antibiotics

**Prophylaxis of SBP in acute variceal haemorrhage and cirrhosis:** Ceftriaxone 1g once daily IV x 7/7

**Treatment of SBP:** Ceftriaxone 2g once daily IV x 5/7 ( 5 days generally sufficient )

IgE-mediated/anaphylaxis/severe penicillin allergy: \* Ciprofloxacin 500mg BD PO or 400mg BD IV (excellent oral bioavailability). Not suitable if patient is already on quinolone prophylaxis - discuss with microbiology.

\* Please read the [HPRA Drug Safety Alert](#) issued in 2018 and the [HPRA Drug Safety Newsletter](#) issued in 2023 highlighting restrictions on use of fluoroquinolones (eg. ciprofloxacin, levofloxacin) due to the risk of disabling, long-lasting and potentially irreversible side effects (including tendon damage, QT prolongation, neuropathies and neuro psychiatric disorder). Use of fluoroquinolones in older patients, those with renal impairment, solid organ transplantation or on systemic corticosteroids increases the risk of tendon damage.

### References

Diagnosis, Evaluation, and Management of Ascites, Spontaneous Bacterial Peritonitis and Hepatorenal Syndrome: 2021 Practice Guidance by the American Association for the Study of Liver Diseases.