

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Intra-abdominal Infections

Indication
Appendicitis
First Line Antimicrobials
Cef-UR-oxime 1.5g TDS IV
AND
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
Gentamicin 5mg/kg daily IV (if clinical sepsis)
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
Empiric IV to PO switch: Cefaclor LA 750mg BD PO AND Metronidazole 400mg TDS PO
NON-immediate-onset and NON-severe Penicillin Hypersensitivity
Cef-UR-oxime 1.5g TDS IV
AND
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
Gentamicin 5mg/kg daily IV (if clinical sepsis)
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
Empiric IV to PO switch: Cefaclor LA 750mg BD PO AND Metronidazole 400mg TDS PO
IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity
Ciprofloxacin 500mg BD PO (excellent oral bioavailability) or 400mg BD IV onlywhere oral route is not feasible
N.B. Risk of long-lasting and disabling adverse effects with quinolones, mainly involving muscles, tendons and bones and the nervous system. Consider potential to prolong the QT interval. Consider that seizure threshold may be lowered.
AND
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
Gentamicin 5mg/kg daily IV (if clinical sepsis)
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
Comments
N.B. Review need for gentamicin daily. Avoid duration > 5 days.
ALWAYS REVIEW empiric therapy in conjunction with C&S after 48 hours.
Microbiological Investigations:
- Blood cultures if systemically unwell - Specimen of pus from theatre
Duration of Treatment
Uncomplicated appendicitis: Post-operative antimicrobials not indicated.
Complicated or perforated appendicitis: 5 to 7 days - ultimate duration dictated by clinical response, blood culture results and adequate source control (e.g. adequate drainage).

[illegible]