

Intra-abdominal Infections

Appendicitis, Cholecystitis, Cholangitis, Diverticulitis, Secondary and Tertiary Peritonitis

**Mild to Moderate Risk
Community Acquired**

**Severe or High Risk*
Community Acquired**
*Advanced age, prior antibiotics in previous 90d, immunocompromised, organ dysfunction, physiological disturbance

Healthcare Associated*
*Invasive device, previous MRSA infection or colonization, positive culture from sterile site >48hrs after admission; surgery, hospitalization, dialysis, or LTCF residence, in previous 12 months

Empiric Regimen:
Cefazolin* + Metronidazole
*Equivalent susceptibilities to *E.coli* @ LFH

PCN Allergy:
Confirm allergy history
Ciprofloxacin + Metronidazole

Empiric Regimen:
Piperacillin-tazobactam

PCN Allergy:
Confirm allergy history
Cefepime* OR Aztreonam + Metronidazole
*If history of tolerating cephalosporin

Oral stepdown:
Amoxicillin-clavulanic acid
Cefuroxime + metronidazole
PCN allergy: Ciprofloxacin + metro

Duration of Therapy
General: 4 days with adequate source control, may extend to 7 days if persistent signs of infection
Appendectomy: Discontinue abx within 24hr of procedure without perforation
Cholecystectomy: Discontinue abx within 24hr of procedure unless infection outside gallbladder wall present
Gastric or small bowel perforation: Discontinue abx within 24hr following source control

In critically ill pts with risk factors* consider adding
Vancomycin