

Urologic Procedure Preoperative Prophylaxis Addendum

NM Delnor Hospital

The following table outlines alternative antibiotic options when a patient undergoing a urologic procedure meets each of the following criteria:

1. It is the most recent positive urinary tract culture (if more than one documented)
2. Culture is within the prior 2 months from surgery date
3. The organism(s) grown is not susceptible to the usual, primary prophylactic agent for that procedure (usually cefazolin)
4. The organism is susceptible to the primary or alternate agent listed below

Procedure when it is determined that an alternative antibiotic is necessary:

1. Review the most recent urine culture and susceptibilities from the previous two months
2. Review the patient's allergies and Scr/GFR
3. Determine most appropriate option based on the above
4. Consider all organisms present
5. The pharmacist will automatically perform the recommended action if all above criteria are satisfied
6. If the above criteria do not apply, the pharmacist will contact the surgeon to confirm a different pre-op antibiotic selection than below

Organism	Secondary Antibiotic	Tertiary Antibiotic	Action
Enterococcus spp.	Ampicillin	Vancomycin	Add to cefazolin
Enterobacterales and other Gram-negatives: Escherichia coli Klebsiella spp. Proteus spp. Enterobacter sp. Citrobacter spp. Morganella spp. Serratia spp.	Tobramycin*,†	Ceftriaxone OR Cefepime (in that order based on susceptibility)	Substitute for cefazolin
ESBL Enterobacterales spp.	Tobramycin*	Meropenem	Substitute for cefazolin
MRSA	Vancomycin	Daptomycin OR Linezolid	Add to cefazolin
Pseudomonas spp.	Tobramycin*	Cefepime OR Piperacillin/tazobactam	Substitute for cefazolin

*Do not use tobramycin if acute renal failure (Scr increase $\geq 1.5x$ baseline or GFR decrease $\geq 25\%$), CKD \geq stage 3a (GFR $< 60\text{ml/min}$), and/or on hemodialysis

† If patient is on an oral beta-lactam or trimethoprim-sulfamethoxazole (Bactrim) prior to procedure to treat the most recent culture and the organism is susceptible to ceftriaxone, use ceftriaxone instead of tobramycin to spare anti-pseudomonal coverage