

# PERIOPERATIVE ANTIBIOTICS AT SMMC

## 1) CHOOSE AN ANTIBIOTIC

SURGICAL PROCEDURE	RECOMMENDED ANTIBIOTIC OPTIONS
<b>Cardiac</b> (CABG, Pacemakers, AICDs) or <b>Vascular</b>	<ul style="list-style-type: none"> <li>• Cefazolin***</li> <li>• <i>If <math>\beta</math>-lactam allergy:</i> Vancomycin or Clindamycin</li> </ul>
<b>Orthopedic</b> (Hip/Knee arthroplasty) and <b>Podiatry</b>	<ul style="list-style-type: none"> <li>• Cefazolin***</li> <li>• <i>If <math>\beta</math>-lactam allergy:</i> Vancomycin or Clindamycin</li> </ul>
<b>Gastric</b> (PEG placement or revision) or <b>Biliary</b>	<ul style="list-style-type: none"> <li>• Cefazolin***</li> <li>• Cefazolin + Metronidazole</li> <li>• Cefoxitin</li> <li><i>If <math>\beta</math>-lactam allergy:</i> Vancomycin or Clindamycin</li> </ul>
<b>Colorectal</b>	<ul style="list-style-type: none"> <li>• Cefazolin + Metronidazole</li> <li>• Cefoxitin alone</li> <li>• <i>If <math>\beta</math>-lactam allergy:</i> Clindamycin + Gentamicin</li> </ul>
<b>Gynecologic</b> (Hysterectomy, Pubovaginal sling)	<ul style="list-style-type: none"> <li>• Cefazolin</li> <li>• Cefoxitin</li> <li>• <i>If <math>\beta</math>-lactam allergy:</i> Clindamycin + Gentamicin</li> </ul>
<b>Urologic:</b> Prostate biopsy	<ul style="list-style-type: none"> <li>• Cipro- or Levofloxacin</li> <li>• <b>Cefazolin</b></li> </ul>
Penile prosthesis insertion, removal, revision	<ul style="list-style-type: none"> <li>• Cefazolin + Gentamicin</li> <li>• <b>Piperacillin/Tazobactam</b></li> <li>• <i>If <math>\beta</math>-lactam allergy:</i> Clindamycin + Gentamicin</li> </ul>

\*\*\* Vancomycin may be added to the regimen **IF** the following MRSA risk factors are documented in the chart **PREoperatively** by the MD/DO/PA/NP:

- prior MRSA infection or colonization
- recent hospitalization/SNF stay within 1 year
- chronic dialysis
- chronic wound care

Rev. 4/13. Based on 2013 ASHP/IDSA/SIS/SHEA guidelines: Bratzler, AmJHealthSystPharm 2013; 70: 195-283.

Consistent with CMS/Hospital OQR Specifications 1/1/13.

## 2) DOSE IT CORRECTLY

Cefazolin (redose in OR with 1g at 4hr)	<b>Standard preop dose in OR: 2g, then 1-2g q8h</b>  <i>In other areas (Cath Lab, IR, etc.) preop dose is 1-2g, then 1-2g q8h (use 2g if &gt;80kg)</i>
Vancomycin (do not redose in OR)	If <80kg: 1g q12h <b>If 80-100kg: 1.2g q12h</b> <b>If &gt;100kg: 1.5g q12h</b>
Clindamycin (redose in OR at 6hr)	900mg q8h
Metronidazole (do not redose in OR)	500mg q8h
Cefoxitin (redose in OR at 2hr)	<b>2g q6h</b>
Gentamicin (do not redose in OR)	<b>5mg/kg AdjBW preop only (no postop doses)</b>

Call Pharmacy (x4921) if dosing questions

### WHEN TO START THE PREOP DOSE:

Most antibiotics should be infused within 1hr of incision time. Vancomycin must be infused more slowly: start within 2hrs of incision time. **Patients on therapeutic antibiotics before surgery should get an extra dose of the RECOMMENDED ANTIBIOTIC (FROM TABLE 1) within 60min before incision.**

### WHEN TO REDOSE IN OR:

Redose antibiotic if significant blood loss, or if procedure is long duration (see **Table 2** above for when to redose).

## 3) STOP PERIOPERATIVE ANTIBIOTICS WITHIN 24HR\*

\* For Cardiothoracic Surgery, perioperative antibiotics should be stopped within 48 hrs.

For many outpatient procedures, no post-operative antibiotics may be needed.

**Call José Eguía, MD (Director of Infectious Diseases) if questions: Bpr. 372-0367**