

PERIOPERATIVE ANTIBIOTICS AT SMMC

1) CHOOSE AN ANTIBIOTIC

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

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

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