

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Abdomen

Abdomen

- The regimens below may NOT cover Multi-drug Resistant Organisms (MRDO) in all cases. See note on [MDRO](#).
- Fungal Infection** is an important consideration in patients with intra-abdominal sepsis. In patients at high risk of fungal infection e.g. upper GI perforation, consider antifungal therapy; discuss with Microbiology or Infectious Diseases.
- Most patients with **acute pancreatitis** do NOT have necrotising pancreatitis and do NOT require antibiotic prophylaxis.

Empiric Antibiotics for Abdominal Infections				
Infection	1 st Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction	Penicillin allergy: immediate or severe delayed reaction	Comment
The regimens below may NOT cover Multi-drug Resistant Organisms (MRDO) in all cases. See note on MDRO				
Intra-abdominal Mild Community Acquired e.g. cholecystitis/appendicitis/	Co-amoxiclav IV 1.2g every 8 hours	Cefuroxime IV 1.5g every 8 hours + Metronidazole** IV 500mg every 8 hours	Ciprofloxacin** IV 400mg every 12 hours + Metronidazole** IV 500mg every 8 hours	Duration 4 to 7 days assuming adequate source control
Intra-abdominal Moderate to Severe Community & All Hospital Acquired including cholangitis/ intra-abdominal abscess/diverticulitis	Piperacillin/tazobactam IV 4.5g every 8 hours Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.	Ceftriaxone IV 2g every 24 hours + Metronidazole** IV 500mg every 8 hours Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.	Ciprofloxacin** IV 400mg every 12 hours + Gentamicin IV one dose per GAPP App calculator. See footnote* re further doses and monitoring. + Vancomycin IV infusion, dose per GAPP App calculator. See footnote* re monitoring. + Metronidazole** IV 500mg every 8 hours	Discuss with Microbiology or Infectious Diseases. Duration 7 to 10 days assuming adequate source control.
Infected Necrotising Pancreatitis Patients with acute pancreatitis admitted to ICU or necrotising pancreatitis confirmed by imaging	Ceftriaxone IV 2g every 24 hours + Metronidazole IV 500mg every 8 hours Discuss with Microbiology or Infectious Diseases if deterioration or requiring antibiotics for more than 5 days	Ceftriaxone IV 2g every 24 hours + Metronidazole IV 500mg every 8 hours	Ciprofloxacin IV 400mg every 12 hours + Metronidazole IV 500mg every 8 hours	Review need for antibiotics every 72 hours. See note below.
Spontaneous Bacterial Peritonitis	Ceftriaxone IV 2g every 24 hours Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.	Ceftriaxone IV 2g every 24 hours Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.	Ciprofloxacin** IV 400mg every 12 hours Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.	5 days
Peritoneal Dialysis Peritonitis	Vancomycin intraperitoneally 30mg/kg (max. 3g) loading dose, then 30mg/kg (max. 2g) every 5 to 7 days + Ciprofloxacin PO 500mg every 12 hours • Patient to be treated in PD Unit • Protocol and detailed guidelines available on QPulse & in PD Unit			
Cirrhosis with Acute Variceal Haemorrhage, Prophylaxis	Ceftriaxone IV 2g every 24 hours		Ciprofloxacin PO 500mg every 12 hours	7 Days
Prophylaxis for patients with an absent or dysfunctional spleen	Phenoxymethylpenicillin PO 666mg (Calvepen®) every 12 hours OR Amoxicillin PO 500mg every 24 hours Emergency treatment doses Amoxicillin PO 500mg to 1g every 8 hours	Erythromycin PO 250 to 500mg every 24 hours Erythromycin PO 500mg to 1g every 6 hours	Oral absorption of phenoxymethylpenicillin is limited and affected by a number of variables. For emergency self initiated therapy of a suspected systemic infection treatment with amoxicillin is preferable. See Appendix 2 for guidelines for management of patients with absent or dysfunctional spleen (adults only) including recommended vaccines & antibiotics.	
* Review need for ongoing Gentamicin and Vancomycin on a daily basis. Continue with once daily Gentamicin dosing ONLY if Consultant/Specialist Registrar recommended. For advice on monitoring see Gentamicin & Vancomycin Dosing & Monitoring section.				
**Switch from IV to oral Ciprofloxacin and Metronidazole as soon as possible				

Refs:

1. IDSA Guidelines for Diagnosis and Management of Complicated Intra-abdominal infections in Adults & Children. [Clin Infect Dis 2010;50:133-164](#) (Archived)
2. The Surgical Infection Society revised guidelines on the management of intra-abdominal infection. *Surg Infect* 2017;18:1.
3. American Gastroenterological Association clinical practice update: management of pancreatic necrosis. *Gastroenterology* 2020;158:67-75
4. 2019 WSES guidelines for the management of severe acute pancreatitis. *World J Emerg Surg* 2019;14:27.
5. BMJ Best Practice: Spontaneous bacterial peritonitis. Updated 23rd Oct 2023. [Bestpractice.bmj.com/topics/en-gb/793](https://bestpractice.bmj.com/topics/en-gb/793)
6. ISPD Peritonitis guideline recommendations:2022 update on prevention and treatment. *Perit Dial Int* 2022;42(2):110-153.
7. Prophylactic antibiotics on patients with cirrhosis and upper gastrointestinal bleeding: a meta-analysis. *PLoS ONE* 17(12):e0279496.
8. GUH Procedure for Treating a Patient with Peritonitis (QPulse CLN-NM-095)