

# Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Intra-abdominal Infections

<b>Indication</b>
Appendicitis
<b>First Line Antimicrobials</b>
Cef-UR-oxime 1.5g TDS IV
<b>AND</b>
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
<a href="#">Gentamicin</a> 5mg/kg daily IV (if clinical sepsis)
<b>N.B.</b> Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
<b>Empiric IV to PO switch:</b> Cefaclor LA 750mg BD PO <b>AND</b> Metronidazole 400mg TDS PO
<b>NON-immediate-onset and NON-severe Penicillin Hypersensitivity</b>
Cef-UR-oxime 1.5g TDS IV
<b>AND</b>
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
<a href="#">Gentamicin</a> 5mg/kg daily IV (if clinical sepsis)
<b>N.B.</b> Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
<b>Empiric IV to PO switch:</b> Cefaclor LA 750mg BD PO <b>AND</b> Metronidazole 400mg TDS PO
<b>IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity</b>
Ciprofloxacin 500mg BD PO (excellent oral bioavailability) or 400mg BD IV only where oral route is not feasible
<b>N.B.</b> Risk of long-lasting and disabling adverse effects with quinolones, mainly involving muscles, tendons and bones and the nervous system. Consider potential to prolong the QT interval. Consider that seizure threshold may be lowered.
<b>AND</b>
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
<a href="#">Gentamicin</a> 5mg/kg daily IV (if clinical sepsis)
<b>N.B.</b> Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
<b>Comments</b>
<b>N.B. Review need for gentamicin daily. Avoid duration &gt; 5 days.</b>
<b>ALWAYS REVIEW empiric therapy in conjunction with C&amp;S after 48 hours.</b>
<b>Microbiological Investigations:</b>
<ul style="list-style-type: none"> <li>Blood cultures if systemically unwell</li> <li>Specimen of pus from theatre</li> </ul>
<b>Duration of Treatment</b>
<b>Uncomplicated appendicitis:</b> Post-operative antimicrobials not indicated.
<b>Complicated or perforated appendicitis:</b> 5 to 7 days - ultimate duration dictated by clinical response, blood culture results and adequate source control (e.g. adequate drainage).

<b>Indication</b>
Appendicitis
<b>First Line Antimicrobials</b>
Cef-UR-oxime 1.5g TDS IV
<b>AND</b>
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
<a href="#">Gentamicin</a> 5mg/kg daily IV (if clinical sepsis)
<b>N.B.</b> Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
<b>Empiric IV to PO switch:</b> Cefaclor LA 750mg BD PO <b>AND</b> Metronidazole 400mg TDS PO
<b>NON-immediate-onset and NON-severe Penicillin Hypersensitivity</b>
Cef-UR-oxime 1.5g TDS IV
<b>AND</b>
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
<a href="#">Gentamicin</a> 5mg/kg daily IV (if clinical sepsis)
<b>N.B.</b> Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
<b>Empiric IV to PO switch:</b> Cefaclor LA 750mg BD PO <b>AND</b> Metronidazole 400mg TDS PO
<b>IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity</b>
Ciprofloxacin 500mg BD PO (excellent oral bioavailability) or 400mg BD IV only where oral route is not feasible
<b>N.B.</b> Risk of long-lasting and disabling adverse effects with quinolones, mainly involving muscles, tendons and bones and the nervous system. Consider potential to prolong the QT interval. Consider that seizure threshold may be lowered.
<b>AND</b>
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
+/-
<a href="#">Gentamicin</a> 5mg/kg daily IV (if clinical sepsis)
<b>N.B.</b> Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
<b>Comments</b>
<b>N.B. Review need for gentamicin daily. Avoid duration &gt; 5 days.</b>
<b>ALWAYS REVIEW empiric therapy in conjunction with C&amp;S after 48 hours.</b>
<b>Microbiological Investigations:</b>
<ul style="list-style-type: none"> <li>Blood cultures if systemically unwell</li> <li>Specimen of pus from theatre</li> </ul>
<b>Duration of Treatment</b>
<b>Uncomplicated appendicitis:</b> Post-operative antimicrobials not indicated.
<b>Complicated or perforated appendicitis:</b> 5 to 7 days - ultimate duration dictated by clinical response, blood culture results and adequate source control (e.g. adequate drainage).