

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

Infection
Paediatrics - Acute Abdominal Sepsis
E.g.
<ul style="list-style-type: none"> • ascending cholangitis • infected ascites in chronic liver disease • fulminant liver failure
Likely Organisms
E. coli and other gram negative bacilli, anaerobes, Streptococci, Staphylococci
Empiric Antimicrobial Treatment
Piperacillin/tazobactam IV
plus
Gentamicin IV
In infected ascites, if MRSA suspected: Add Vancomycin IV
Duration of Treatment
Minimum 10 to 14 days
IV to Oral Switch
Consult Microbiology
Infection
Paediatrics - Acute Appendicitis
Likely Organisms
E. coli and other gram negative bacilli, anaerobes, Streptococci especially S. milleri
Empiric Antimicrobial Treatment
Cef-UR-oxime IV
plus
Metronidazole IV
+/-
Gentamicin IV
Duration of Treatment
Uncomplicated appendix: No further antibiotic doses post-operatively.
Perforated or appendix mass: 7 days (or longer if peritonitis suspected)
IV to Oral Switch
N.B. Cef-UR-oxime PO is not recommended due to low oral bioavailability.
Change to oral cefaclor and metronidazole when child meets the COMS criteria for IV to oral switch .
Infection
Paediatrics - Enterocolitis (non C. difficile)
or
Faecal Peritonitis
Likely Organisms
E. coli and other gram negative bacilli, anaerobes, streptococci
Empiric Antimicrobial Treatment
Amoxicillin IV
Plus
Gentamicin IV
Plus
Metronidazole IV
Duration of Treatment
If source of faecal soiling of peritoneum has been sealed and no abscess, then treatment duration of 5 days is sufficient.