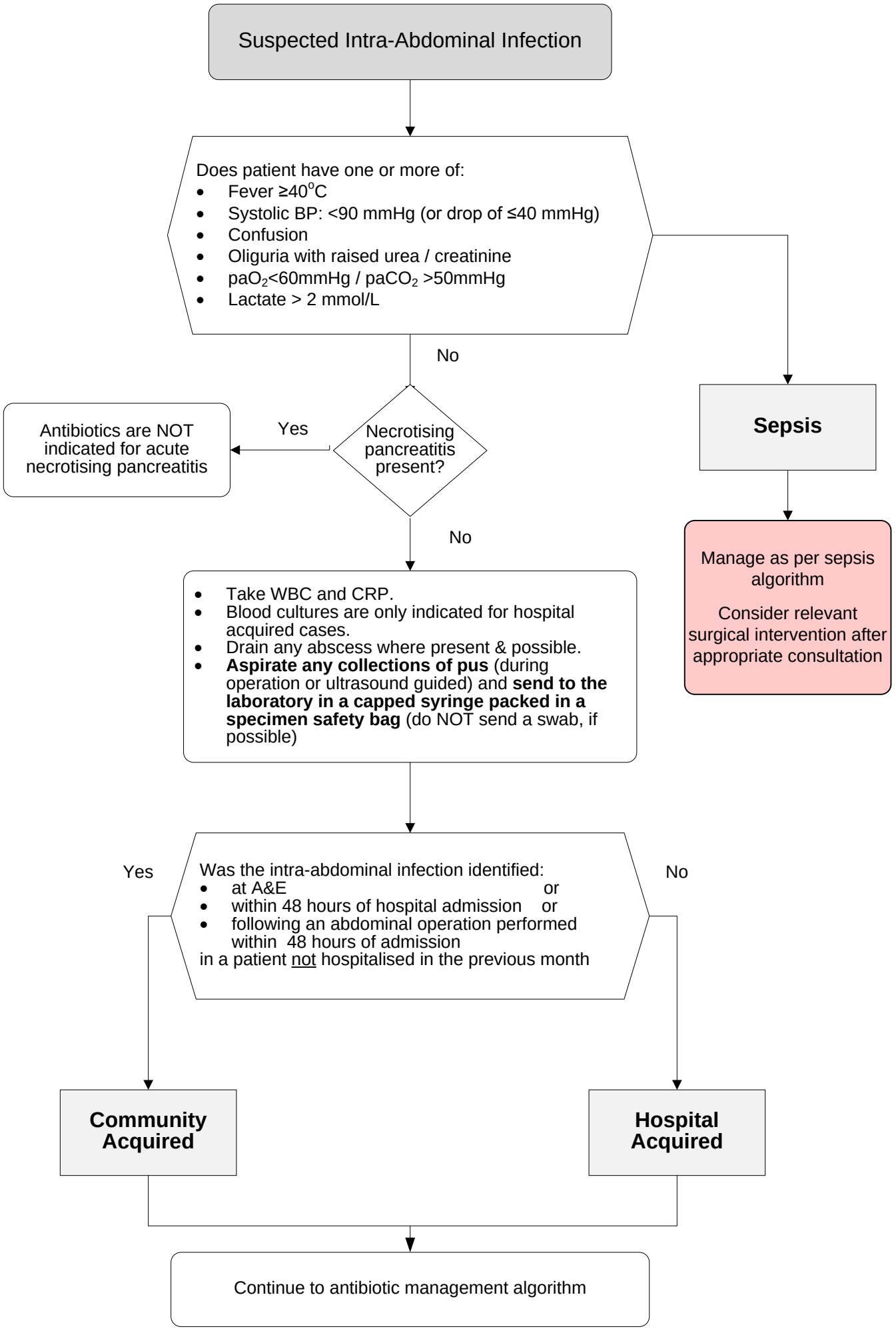
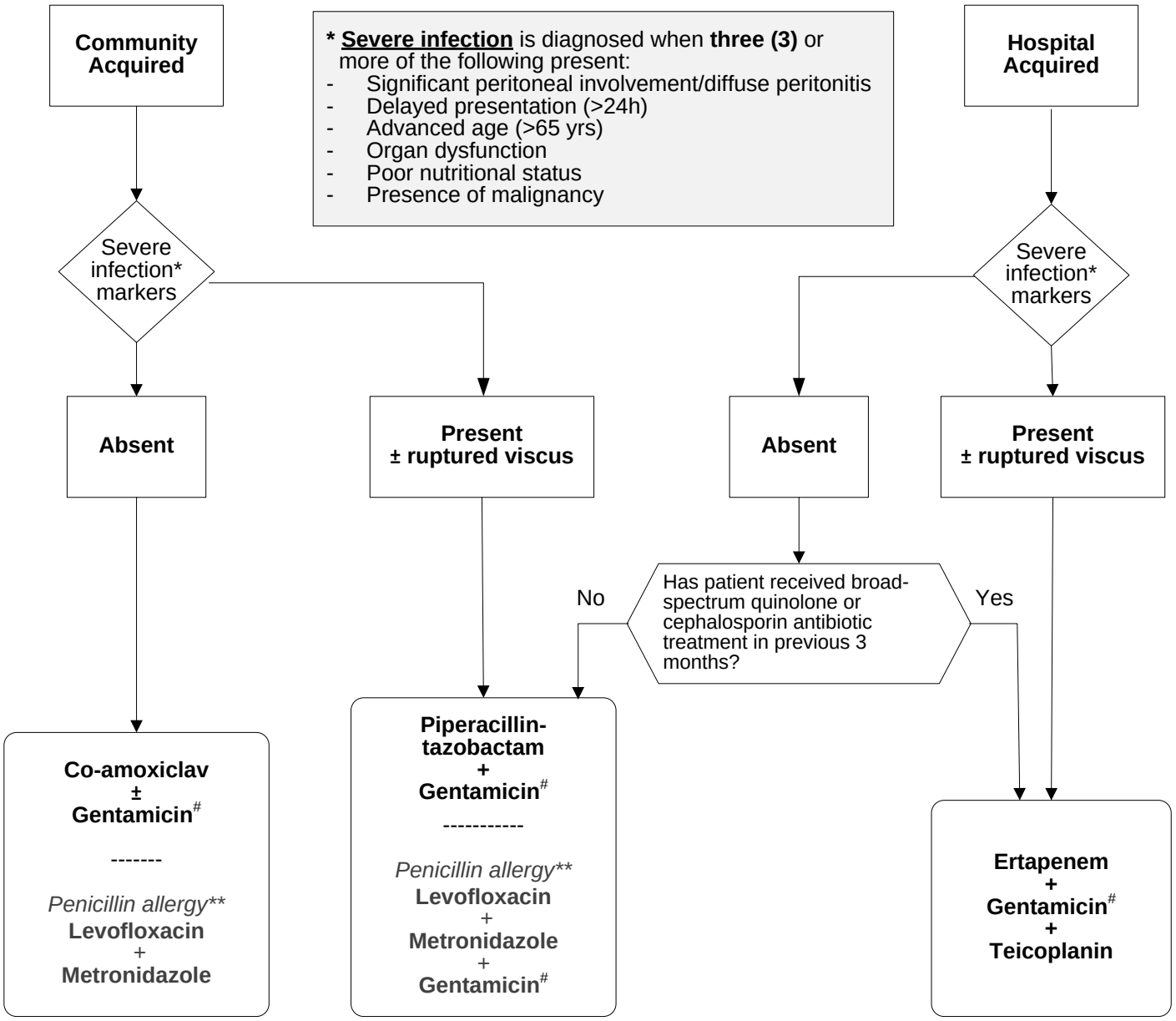
Initial ASSESSMENT OF intra-abdominal infections (excluding pelvic aetiologies)



Initial ANTIBIOTIC Management for intra-abdominal infectionS (excluding pelvic aetiologies)



Contact an Antibiotic Team member in cases of confirmed penicillin anaphylaxis or if gentamicin is contra-indicated

Review treatment as soon as C & S results are available and aim to de-escalate to a narrower spectrum agent, if sensitivities permit.

Antifungal therapy for patients with hospital or severe community IAI is ONLY indicated if *Candida Spp.* is grown from intra-abdominal cultures. In such circumstances, contact Antibiotic Team member.

Antimicrobial therapy of established infection should be limited to 4–7 days, unless it is difficult to achieve adequate source control

Patients undergoing cholecystectomy for acute cholecystitis should have antimicrobial therapy discontinued within 24 h of operation, unless there is evidence of infection outside the wall of the gallbladder

Consider discontinuing gentamicin after 24 hours depending on presenting condition, culture results and/or clinical response

Dosage schedules (normal renal function)**:**

Levofloxacin:	*500mg 12-hourly or daily IV*
Clindamycin:	*600mg 8-hourly IV*
Co-amoxiclav:	*1.2g 8-hourly IV*
Ertapenem:	*1g daily IV*
Gentamicin:	*as per Gentamicin dosing guideline*
Metronidazole	*500mg 8-hourly IV*
Pip-tazobactam:	*4.5g 8-hourly IV*
Teicoplanin:	*as per Teicoplanin dosing guideline*

Start antibiotics no later than 8 hours from presentation

** Patients with a history of an immediate-type hypersensitivity reaction (e.g. urticaria and/or bronchospasm) should not receive any beta-lactams (including cephalosporins) or carbapenems.

Contact an Antibiotic Team member for advice

Teicoplanin dosing:

Patient Weight	Loading dose	Maintenance dose	Renal insufficiency (CrCl 20-50)
≥70kg	800mg q12h x 4 doses	800mg q24h	400mg q24h
<70kg	600mg q12h x 4 doses	600mg q24h	400mg q24h