

THE DISPENSE AND ADMINISTRATION OF AN ALTERNATE DRUG PRODUCT MUST BE DEEMED ACCEPTABLE BY THE PHARMACY & THERAPEUTICS COMMITTEE.

- This document is used to support best practices for administration of surgical antibiotic prophylaxis.
- If history of severe or life-threatening allergic reaction to the preferred antibiotic, then give alternative antibiotic.
- Initial antibiotic dose for all drugs must be started within one hour prior to incision except Vancomycin AND Fluoroquinolones, which must be started within 2 hours prior to incision because of the prolonged infusion time required for these drugs (TCHHN policy 2.43.127)
- The National Surgical Infection Prevention (SIP) project mandates that prophylactic antibiotics not be extended beyond 24 hours of the end of the operation.
- CMS requirements are indicated with an asterisk (*).
- Cefazolin dosing is 2g unless patient weight is ≥ 120 kg.
- Gentamicin dosing is based on ideal body weight unless the patient is 20% above their IBW; then, an adjusted dosing weight is used: Dosing weight (kg) = IBW + [0.4 x (ABW – IBW)].
- All antibiotics indicated are given intravenously, unless otherwise noted.
- Shaded procedures are screened for MRSA colonization. If positive, use Vancomycin 15 mg/kg dosing based on actual body weight; maximum dose of 2g.

Type of Procedure	Preferred First Line Use		Alternative if allergy to Preferred Antibiotic	
	Pre-Op	Interop Redosing	Pre-Op	Interop Redosing
Gastrointestinal / Intra-Abdominal /General Surgery:				
<ul style="list-style-type: none"> • Colorectal procedures* • Appendectomy (non-perforated) • For major intra-abdominal surgery not listed below 	Cefazolin 2 g PLUS Metronidazole 500 mg	Cefazolin 2 g every 4 hrs	Metronidazole 500 mg PLUS Levofloxacin 750 mg	Not Recommended
<ul style="list-style-type: none"> • Bariatric procedures • Enterolysis • Esophageal procedure • Gastroduodenal procedures • Laparotomy • Lysis of Adhesions • Mastectomy • Nissan Fundoplication • Open Cholecystectomy • Percutaneous G-tube* • Sentinel Node Biopsy 	Cefazolin 2 g	Cefazolin 2 g every 4 hrs	Clindamycin 900 mg PLUS Levofloxacin 750 mg	Clindamycin 900 mg every 6 hrs
<ul style="list-style-type: none"> • Hernia 	Cefazolin 2 g	Cefazolin 2 g every 4 hrs	Clindamycin 900 mg	Clindamycin 900 mg every 6 hrs
<ul style="list-style-type: none"> • Adrenalectomy • Laparoscopic Cholecystectomy • Laparoscopic Splenectomy • Laparoscopy (diagnostic, operative) • Lumpectomy • Parathyroidectomy • Partial Mastectomy • Thyroidectomy • Wire Loc Breast Biopsy 	No antibiotics recommended			
<ul style="list-style-type: none"> • Kidney Transplant 	Cefazolin 2 g	Request no interop dose per transplant physicians	Clindamycin 900 mg PLUS Levofloxacin 750 mg	Clindamycin 900 mg every 6 hrs
<ul style="list-style-type: none"> • Peritoneal Dialysis Catheter placement 	Vancomycin 15mg/kg	Not Recommended	Cefazolin 2 g	Cefazolin 2 g every 4 hrs
Plastic Surgery				
<ul style="list-style-type: none"> • All Plastic Surgery Procedures 	Cefazolin 2 g	Cefazolin 2 g every 4 hrs	Clindamycin 900 mg	Clindamycin 900 mg every 6 hrs

References
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 Piraino, Beth, Bernardini, Judith, Brown, Edwina, Figueiredo, Ana, Johnson, David W, Lye, Wai-Choong, Price, Valerie, Ramalakshmi, Szeto, Cheuk-Chu. ISPD Position Statement on Reducing the Risks of Peritoneal Dialysis-Related Infections. Peritoneal Dialysis International, 31: 614-630.