

## 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 (\*).
- 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
Genitourinary:				
<ul> <li>Bladder sling*</li> <li>Brachytherapy</li> <li>Laparoscopic Procedures         <ul> <li>Nephroureterectomy</li> <li>Robotic Prostatectomy</li> </ul> </li> <li>Nephrectomy (open)</li> <li>Penile procedures</li> <li>Scrotal procedures         <ul> <li>Grotal procedures</li> <li>Epididymal cystectomy</li> <li>Spermatocele</li> <li>Variocele</li> </ul> </li> </ul>	Cefazolin 2 g	Cefazolin 2 g every 4 hrs	Levofloxacin 750 mg	Not Recommended
<ul> <li>Cystectomy</li> <li>Perineal Prostatectomy</li> <li>Procedures involving bowel</li> <li>Penile Prosthesis *</li> <li>Interstim</li> </ul>	Cefuroxime 1.5 g Gentamicin 5 mg/kg PLUS	Cefuroxime 1.5 g Cefazolin 2 g every 4 hrs	Metronidazole 500 mg PLUS Levofloxacin 750 mg Clindamycin 900 mg PLUS	Not Recommended Clindamycin 900 mg every 6 hrs
Percutaneous Renal Surgery	Cefazolin 2g Cefazolin 2 g	Cefazolin 2 g every 4 hours	Gentamicin 5 mg/kg Clindamycin 900 mg PLUS Gentamicin 5 mg/kg	Clindamycin 900 mg every 6 hrs
<ul> <li>Bladder Biopsy</li> <li>Cystoscopy with manipulation</li> <li>Hydrodistension</li> <li>Lithotripsy</li> <li>Prostate Vaporization</li> <li>Retrograde pyelogram</li> <li>Transrectal Prostate Biopsy*</li> <li>TURP, TURBT</li> <li>Ureteroscopy</li> </ul>	Levofloxacin 750 mg (IV or po)	Not Recommended	Cefuroxime 1.5 g	Cefuroxime 1.5 g
<ul><li>Cystoscopy</li><li>Vasectomy</li></ul>	No antibiotics recommended			

References

Bratzler, DW, Dellinger, EP, Olsen, KM et. al. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health-Sys Pharm. 2013; 70:195-283.

Antibiotic prophylaxis for gynecologic procedures. ACOG Practice Bulletin No. 104. American College of Obstetricians and Gynecologists. Obstet Gynecol 2009; 113:1180-9.

Wolf Jr, JS, Bennett, CJ, Dmochowski, RR et.al. Best Practice Policy Statement on Urologic Surgery Antimicrobial Prophylaxis 2008. (Revised 2011)

The Christ Hospital Health Network Policy 2.43.127 – Perioperative Antibiotic Dosing.

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.