

**Emergency General Surgery  
Anti-biotic Protocol  
Intra-Abdominal Infection (IAI)**

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**A. Community Acquired IAI**

**Invanz 1 gm IV q 24 hours**

**If PCN Allergy;**

**Levaquin 500 mg IV q 24 hours plus Flagyl 500 mg IV q 6 hours**

Uncomplicated Disease (ie. Acute Appendicitis, Acute Cholecystitis)

1. Single dose prior to surgery

Complicated Disease (Constitutional Symptoms ie, fever, elevated WBC, significant contamination, abscess cavity)

1. Continue IV antibiotics until fever defervesce for 24 hours, and WBC normal range for 24 hours.
2. If patient continues with septic parameters consider inadequate source control. (CT –scan vs. re-exploration)
3. If pt has not normalized by 5 days consider re-evaluation for source control or un-drained collection (ie, CT-Scan vs abdominal US)

**B. Nosocomial IAI**

**Levaquin 500 mg IV q 24 hours**

**Plus**

**Flagyl 500 mg IV q 6 hours**

Complicated Disease (Constitutional Symptoms ie, fever, elevated WBC, significant contamination, abscess cavity)

1. Continue IV antibiotics until fever defervesce for 24 hours, and WBC normal range for 24 hours.
2. If patient continues with septic parameters consider inadequate source control. (CT –scan vs. re-exploration)
3. If pt has not normalized by 5 days consider re-evaluation for source control or un-drained collection (ie, CT-Scan vs abdominal US)

**C. Life Treating Intra-Abdominal Sepsis**

**Primaxin 500 mg IV q 6 hours**

**Amikacin 15 mg/kg IV q 24 hours**

For Nosocomial Intra-abdominal Sepsis

**Add Vancomycin 1 gm IV q 12 hours**

Septic Shock, Hemodynamic Instability, Fecal Peritonitis;

1. Continue IV antibiotics until fever defervesce for 24 hours, and WBC normal range for 24 hours.
2. If patient continues with septic parameters consider inadequate source control. (CT –scan vs. re-exploration)
3. If pt has not normalized by 5 days consider re-evaluation for source control or un-drained collection (ie, CT-Scan vs abdominal US)
4. Adjust Dose for Acute Renal Failure

#### **D. 3' Peritonitis**

Consider **Diflucan 800 mg IV load; 400 mg IV qd**

1. Continued intra-abdominal sepsis with adequate source control.