



# Draft only v15

		<b>Surgical Antibiotic Prophylaxis Guidelines</b>	
<b>Preoperative Antibiotics</b>			
<ul style="list-style-type: none"> <li>• <b>START AT OPTIMAL TIME:</b> Give within the 60 min (ideally 15 to 30 min) before incision</li> <li>• <b>SINGLE DOSE:</b> pre-op sufficient for majority of procedures</li> </ul>			
C	<b>Cephazolin</b>	30 mg/kg (2 g) iv	
	<b>Clindamycin</b>	15 mg/kg (600 mg) iv	
G	<b>Gentamicin</b>	2 mg/kg iv [5 mg/kg iv if procedure >6h]	
G5		5 mg/kg iv [regardless of duration]	
M	<b>Metronidazole</b>	12.5 mg/kg (500 mg) iv	
V	<b>Vancomycin</b>	15 mg/kg (750 mg) iv (rate 10 mg/min) (start 30 to 120 min before incision)	
<b>Intraoperative Antibiotics</b>			
<ul style="list-style-type: none"> <li>• Required only if procedure prolonged</li> <li>• Interval between pre- and intraoperative doses: every 8h (C, CL, M), 12h (V)</li> <li>• May be required if excessive blood loss during surgery</li> </ul>			
<b>Postoperative Antibiotics (up to 24 hours)</b>			
<ul style="list-style-type: none"> <li>• <b>STOP:</b> Most procedures do not need post op antibiotics</li> <li>• Required only in defined cases (e.g. some cardiac/vascular)</li> <li>• No benefit to prophylaxis (iv or oral) beyond 24h for any procedure</li> <li>• Increases risk of resistance and <i>Clostridium difficile</i></li> <li>• Urinary or intravascular catheters or indwelling drains remaining <i>in situ</i> are <b>not</b> a justification to extend antibiotics</li> </ul>			
<b>Card expires Dec 2018.</b> Prepared by nigel.curtis@rch.org.au on behalf of RCH Antimicrobial Stewardship Committee. Based on Australian Therapeutic Guidelines – Antibiotic v15.			

# Draft only v15

	Surgical Antibiotic Prophylaxis Guidelines		
	Antibiotic (key overleaf)		
More detailed guidelines available at <a href="http://www.bitly.com/rchsurgicalantibiotics">www.bitly.com/rchsurgicalantibiotics</a>	Usual	MRSA <sup>1</sup> cover	Penicillin <sup>2</sup> hypersens
<b>Abdominal surgery</b>			
- upper or lower endoscopy / hernia repair	Not indicated		
- upper / small intestinal / PEG / PEJ / laparoscopy without mucosal breach	C	V+C	CL+G
- colorectal or small intestinal w obstr	C+M	V+C+M	CL+G
- with perforated viscus / NEC	C+G+M	V+G+M	CL+G
<b>Cardiac surgery</b>	C	V+C	V+G5
- with implantable device insertion	C	V+C	V+G
<b>Dentoalveolar surgery</b>	Not usually indicated		
<b>Dermatological surgery</b>	Not indicated		
<b>Head &amp; neck surgery / ENT</b>	C	V	CL
- Ts & As	Not indicated		
- with incision through mucosa	C+M	V+M	CL
<b>Neurosurgery</b>	C	V	V
<b>Orthopaedic surgery</b>	C	V	V
- lower limb amputation	C	V+G5	V+G5
- with ischaemia	C+M	V+G5+M	V+G5+M
<b>Plastic surgery</b>	C	V	V
<b>Burns (initial debridement)</b>	C	V	V
- subsequent debridement	Base on colonising flora		
<b>Thoracic / diaphragmatic surgery</b>	C	V	CL
<b>Urological endoscopic surgery</b>	C	V+G	G
<b>Urological open / laparoscopic</b>	C	V+C	V
- with prosthetic device implantation	C+G	V+G	V+G
- with risk of entry into bowel lumen	C+G+M	V+G+M	V+G+M
<b>Vascular surgery</b>	C	V+C	V+G5
<sup>1</sup> MRSA cover: if known (or risk of) colonisation or infection, or if reoperation (prosthetic cardiac valve, joint, vascular)			
<sup>2</sup> Penicillin hypersensitivity: only if previous anaphylactic symptoms			
For complex patients or additional advice, contact ID Fellow p5787			