

1. SPECIFIC PROCEDURES ONLY

Prophylaxis **NOT** required for:

- Clean skin and soft tissue surgery, including lymph node biopsy
- Uncomplicated skin abscess incision and drainage
- Hernia repair without prosthetic material
- Cystoscopy or ureteroscopy (with normal urinary tract)
- Tonsillectomy, adenoidectomy
- Clean non-extensive head and neck surgery
- Diagnostic endoscopic procedures
- ERCP • EUS-FNA
- Closed fracture reduction without fixation
- Cardiac catheterisation
- CVC insertion (unless port or immunocompromised)

2. SUITABLE ANTIBIOTIC (maximum doses shown in brackets)

If prophylaxis required:

Use Cefazolin 30 mg/kg (2 g) IV

If intra-abdominal, pelvic, deep wound debridement,
ischaemic limb, risk of bowel lumen entry, open fracture:

Add Metronidazole 12.5 mg/kg (500 mg) IV

If known (or risk of) MRSA colonisation or infection;
or if reoperation (prosthetic cardiac valve, joint, vascular):

Add Vancomycin 15 mg/kg (2 g) IV [10 mg/min]

If urological prosthesis/complicated procedure:

Use Gentamicin 5 mg/kg (480 mg) IV

3. START AT OPTIMAL TIME

- Start antibiotic prophylaxis 15-60 min before incision

4. SEVERE DELAYED PENICILLIN ALLERGY

Previous **DRESS, SJS/TEN, blistering or organ involvement**

(Cefazolin may be used in patients with penicillin hypersensitivity,
including anaphylaxis, with close monitoring)

For most procedures, **REPLACE cefazolin with:**

Vancomycin 15 mg/kg (2 g) IV [10 mg/min]

For **cardiac or vascular surgery, Use:**

**Vancomycin 15 mg/kg (2 g) IV [10 mg/min]
& Gentamicin 5 mg/kg (480 mg) IV**

For **upper or lower GI surgery, Use:**

**Vancomycin 15 mg/kg (2 g) IV [10 mg/min]
& Gentamicin 5 mg/kg (480 mg) IV
& Metronidazole 12.5 mg/kg (500 mg) IV**

For **ENT, maxillofacial or dental surgery, Use:**

Clindamycin 15 mg/kg (600 mg) IV

5. SINGLE DOSE

Single pre-op dose sufficient for most procedures

May need intra-op antibiotics if prolonged or excessive
blood loss during surgery: redose every 4h (cefazolin),
6h (clindamycin) or 12h (vancomycin, metronidazole)

6. STOP

Most procedures do not need post-op antibiotics

- Post-op antibiotics increase resistance and *C. difficile* risk
- **Only** cardiac & orthognathic surgery may need max 24h
- Catheters or drains *in situ* are **not** a justification to extend