Empiric Antibiotic Selection in Intra-abdominal Infections (non-biliary)

Community acquired: mild/moderate AND < 2 *MDRO risk factors

- Ceftriaxone 1-2 gm IV q24hrs **PLUS** Metronidazole 500mg IV q8hrs
- **ADD** vancomycin per pharmacy for high risk or H/O MRSA or enterococcus
- Consult pharmacist if concern for true cephalosporin allergy
- **Substitute Meropenem 500mg IV q6hrs (extended infusion) for above regimen if criteria met**

Hospital acquired, severe community acquired, AND/OR 2+ *MDRO risk factors

- Piperacillin/tazobactam 4.5gm IV x1, then 3.375 gm IV q8hrs (extended infusion) **OR**
- Cefepime 1-2 gm IV q8hrs **PLUS** Metronidazole 500mg IV q8hrs
- **ADD** vancomycin per pharmacy for high risk or H/O MRSA or enterococcus
- **Substitute Meropenem 500mg IV q6hrs (extended infusion) for Pip/tazo or Cefepime/Metronidazole if criteria met**

Severe sepsis/septic shock OR respiratory failure

- Meropenem 500mg x1 over 30min, then 500mg IV q6hrs (extended infusion) **PLUS** Levofloxacin 750mg IV q24hrs **PLUS** Vancomycin per pharmacy
- Give 1st doses within 1hr of presentation. Give antibiotics at the same time if able, otherwise give agents with gram (-) coverage first.

Oral Transition

Consider D/C antibiotics if signs/symptoms of infection have resolved. Target cultures if available, always include anaerobic coverage

- Amoxicillin/clavulanate 875mg PO BID
- Cefpodoxime 400mg PO q12hrs **PLUS** Metronidazole 500mg PO q8hrs
- Levofloxacin 750mg PO q24hrs **PLUS** Metronidazole 500mg PO q8hrs

**Criteria for Meropenem Use**:  
- H/O: ESBL+ organism, Acinetobacter, or other resistant gram negative rods  
- Suspected treatment failure to broad spectrum antibiotic(s) (Pip/Tazo, Cefepime, Ceftazidime, etc.)  
- Documented/confirmed severe allergy to penicillin AND cephalosporin of choice

**MDRO Risk Factors**

- ≥7 days of continuous antibiotic therapy in past 90 days  
- Poor functional status (significant debilitation with incontinence and inability to perform ADLs)  
- Hospitalized for > 48hrs in past 90 days  
- Immunosuppression (ANC < 1000, congenital immunodeficiency, asplenia, HIV, hematologic malignancies, prednisone equivalent > 20 mg/day for 2+ weeks)  
- Burn patients