

Empiric Antibiotic Selection in Intraabdominal Infections

(non-biliary)

Community Acquired, Mild/moderate risk AND <2 MDRO risk factors

- Ceftriaxone 1-2 gm IV q24hr plus metronidazole 500 mg IV q8hr plus
- add vancomycin for high risk, h/o MRSA or enterococcus

**substitute Meropenem 500 mg q8hr if criteria met

Hospital Acquired, severe community acquired &/or 2+ MDRO risk factors

- Zosyn 4.5 gm IV x 1, then 3.375 gm q8hr by extended infusion or
- Cefepime 1-2 gm IV q8hr plus metronidazole 500 mg IV q8hr plus
- add vancomycin for high risk, h/o MRSA or enterococcus

**substitute meropenem 500 mg q8hr if criteria met

Severe Sepsis/septic shock OR respiratory failure

- meropenem 500 mg IV q8hr plus
- levofloxacin 750 mg IV q24hr plus
- vancomycin per pharmacy

** Criteria for meropenem use **

- h/o ESBL organism, Acinetobacter or other resistant GNR
- suspected treatment failure to broad spectrum antibiotics
- documented severe allergy to PCN and cephalosporins

MDRO Risk Factors

- >7d continuous antibiotic treatment in past 30 days
- poor functional status/incontinence and inability to perform ADLs
- hospitalized >48 hr in last 90 days
- immunosuppressed (ANC<1000, congenital immunodeficiency, asplenia, HIV, hematological malignancies, prednisone equivalent >20 mg/d for 2+ weeks)
- burns