Intra-abdominal Infections

CLINICAL SYNDROME	Preferred Regimen	ALTERNATIVE REGIMEN	CLINICAL CONSIDERATIONS
Intra-abdominal Infections Community acquired OR Hospital acquired	Piperacillin/tazobactam 3.375 gm IV Q6H	Ciprofloxacin 400 mg IV Q12H +/- Metronidazole 500 mg IV Q8H Meropenem 1gm Q8H	Piperacillin/tazobactam provides excellent anaerobic coverage, addition of clindamycin OR metronidazole is NOT indicated or necessary *If a patient has a history of multi-drug resistant Gramnegative organisms, suggest an ID Consult

H= hour(s); ID= Infectious Diseases; IV= intravenous; Q= every

NOTE: Dosing based on normal renal function. Refer to Table of Contents for section on Antimicrobial Dosing for Adult Patients Based on Renal Function, Aminoglycoside High Dose Once Daily (HDOD) and Monitoring in Adult Patients, and Vancomycin Dosing and Monitoring in Adult Patients.