

Cholecystitis

Management should involve source control. Oral step-down should be considered as soon as patient tolerates oral intake. Shorter duration of therapy (3 days or 24 hours post ERCP) should be considered in the absence of cholangitis, abscess, or perforation.

Mild (no hospitalization)

No antimicrobials required

Moderate – community-acquired & uncomplicated (hospitalized)

Drug	Dose	Route	Duration
Amoxicillin-clavulante	875 mg BID	PO	3 days, then reassess
Cefazolin	2 g IV q8h	IV	

Moderate – community-acquired & complicated (hospitalized)

Drug	Dose	Route	Duration
Ceftriaxone + Metronidazole	1 to 2 g q24h 500 mg q12h	IV PO/IV	3 days, then reassess

Severe – health-care associated, late onset, septic shock, or ICU

Drug	Dose	Route	Duration
Piperacillin-tazobactam	3.375 g q6h	IV	3 days, then reassess

If penicillin/ceftriaxone allergy, use BOTH:

Drug	Dose	Route	Duration
Ciprofloxacin + Metronidazole	500 (400) mg q12h 500 mg q12h	PO (IV) PO/IV	3 days, then reassess

