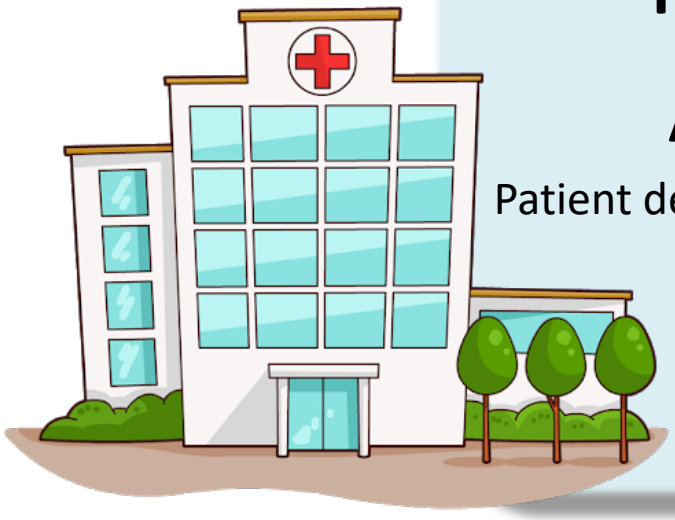
Intra-abdominal Infection (IAI)

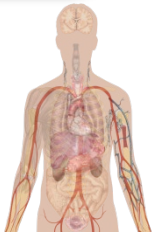
Community-Acquired IAI

Patient is admitted with an IAI present or develops IAI within 48 hours of hospitalization, where it is not the result of a previous contact with healthcare (e.g. invasive procedures or hospitalization).

Healthcare-Associated



Patient develops an IAI within 48 hours of admission with recent contact with healthcare (e.g. recent surgery or hospitalization) or after 48 hours of hospitalization



Intra-abdominal Infection Community-Acquired

Management should involve source control. Uncomplicated IAIs include non-perforated appendicitis or perforated appendix without established infection (i.e. OR within 24 hours of rupture). Oral step-down should be considered as soon as patient tolerates oral intake.

Uncomplicated (involvement of source organ with source control)

Drug	Dose	Route	Duration
Cefazolin + Metronidazole	2 g q 8h 500 mg q12h	IV PO/IV	24 hr post-op

Complicated (extension beyond source organ with source control)

Drug	Dose	Route	Duration
Ceftriaxone + Metronidazole	2 g q24h 500 mg q12h	IV PO/IV	3-5 days

Severe (septic shock or ICU)

Drug	Dose	Route	Duration
Piperacillin-tazobactam	3.375 g q6h	IV	Up to 7 days

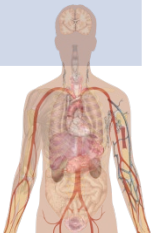
If severe cefazolin/ceftriaxone/penicillin allergy

Ciprofloxacin + Metronidazole	500 (400) mg q12h 500 mg q12h	PO (IV)	As above

Step-down option

Amoxicillin-clavulanate	875/125 mg BID	PO	As above

Remember to check cultures, revise your diagnosis and consider oral Rx by day 3



Intra-abdominal Infection Healthcare-Associated

Management should involve source control. Prolonged previous hospitalization (>5 days), anastomotic leak, perforation, and post-operative abscess. Oral step-down should be considered as soon as patient tolerates oral intake.

Mild-moderate (with source control), use BOTH:

Drug	Dose	Route	Duration
Ceftriaxone + Metronidazole	2 g q24h 500 mg q12h	IV PO/IV	7 days

Severe (septic shock or ICU)

Piperacillin-tazobactam	3.375 g q6h	IV	7 days

If ceftriaxone/penicillin allergy, use BOTH:

Ciprofloxacin + Metronidazole	500 (400) mg q12h 500 mg BID	PO (IV) PO/IV	7 days 7 days

→ If MRSA or *Enterococcus faecium* suspected, **ADD**:

Vancomycin	Load 25 mg/kg, then 15 mg/kg q8-12h	IV	7 days

→ If *Candida* spp suspected (in peritoneal fluid/tissue), **ADD ONE of**:

Fluconazole	400 mg q24h	PO/IV	7 days
Micafungin	100 mg q24h	IV	7 days

Remember to check cultures, revise your diagnosis and consider oral Rx by day 3