Dosing Table for Operative Prophylaxis

General Principals

- All dosing recommendations are for patients with normal renal and/or hepatic function
- All dosing recommendations are based on prophylaxis in patients not on antibiotic therapy for existing infection

Drug	Pre-incision Dose	Re-dose	Max Single Dose
Piperacillin-Tazobactam	100 mg/kg	In 2 hrs	3375 mg
Ampicillin	50 mg/kg	In 2 hrs	2000 mg
Ampicillin/sulbactam	75 mg/kg (a+s components)	In 2 hrs	3000 mg
Cefazolin	40 mg/kg	In 3 hrs	2000 mg (3,000 mg if >100 kg)
Cefuroxime	50 mg/kg	In 3 hrs	2000 mg
Cefoxitin	40 mg/kg	In 3 hrs	2000 mg
Cefotaxime	50 mg/kg	In 3 hrs	2000 mg
Aztreonam	30 mg/kg	In 4 hrs	2000 mg
Clindamycin	10 mg/kg	In 6 hrs	900 mg
Gentamicin <40 kg	4.5 mg/kg	In 12 hrs	160 mg
Gentamicin >40 kg	4.5 mg/kg	In 24 hrs	360 mg
Vancomycin	15 mg/kg	In 8 hrs	NO MAX
Ciprofloxacin	10 mg/kg	In 12 hrs	400 mg
Ceftriaxone	50 mg/kg	In 12 hrs	2000 mg
Metronidazole	15 mg/kg	In 12 hrs	1000 mg

Source: http://centerlink.cchmc.org/specialgroups/infection-control/dosing-table-for-operative-prophylaxis

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General Principles

- All dosing recommendations are for patients with normal renal and/or hepatic function.
- Consider consultation with ID and pharmacy in cases of multiple allergies, complex infection history, hepatic or renal dysfunction, and with ongoing pre-operative antibiotic therapy.

Pre- and intra-operative antibiotics

*For patients **NOT** currently on antibiotics:*

- Pre-operative dose should be completed within 60 minutes prior to the incision.
- Patients who screen positive for MRSA should be given a singly pre-operative dose of vancomycin in addition to routine prophylaxis
- Re-dose prophylactic antibiotic according to times in the table or if the patient has experienced excessive blood loss.

*For patients currently **ON** antibiotics:*

- If treatment antibiotics appropriate for perioperative antimicrobial prophylaxis (AMP), continue schedule/follow intraoperative redosing table for timing of next dose.
- If treatment is not appropriate for perioperative AMP, consider routine pre-op prophylaxis in addition to concurrent therapy.
- Patients who screen positive for MRSA should be given a singly pre-operative dose of vancomycin in addition to routine prophylaxis

Post-operative continuation

- For routine prophylaxis, antibiotics should not be continued after the incision is closed.
- Redosing in the OR prior to closure should be considered if closure is anticipated within 30 minutes of the usual redosing time.
- The first post-operative dose is timed off of last dose given prior to incision closure.
- Operative guidance table does not apply to post-op dosing or intervals.