### Surgical Prophylaxis: Gastrointestinal and Abdominal

<table>
<thead>
<tr>
<th>Clinical Scenario</th>
<th>Drugs/Doses</th>
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<tbody>
<tr>
<td><strong>All gastrointestinal surgery</strong> (&lt;1 month of age)</td>
<td><strong>Standard Protocol</strong>&lt;br&gt;IV cefazolin 30mg/kg (to a maximum of 2 grams) as a single dose.&lt;br&gt;Repeat dose if operation &gt; 8 hours.&lt;br&gt;<strong>AND</strong>&lt;br&gt;IV metronidazole 15mg/kg as a single dose.&lt;br&gt;Repeat dose if operation &gt; 8 hours.&lt;br&gt;<strong>Known or Suspected MRSA</strong>&lt;br&gt;As per standard protocol&lt;br&gt;<strong>Penicillin allergy</strong>&lt;br&gt;As per standard protocol&lt;br&gt;<strong>Penicillin allergy</strong>&lt;br&gt;clindamycin&lt;sup&gt;c&lt;/sup&gt;&lt;br&gt;AND&lt;br&gt;gentamicin&lt;sup&gt;d&lt;/sup&gt;</td>
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<tr>
<td><strong>Upper gastrointestinal tract or biliary surgery</strong> (≥1 month of age)</td>
<td>IV cefazolin 30mg/kg (to a maximum of 2 grams) as a single dose.&lt;br&gt;Repeat dose if operation &gt; 3 hours.&lt;br&gt;<strong>Known or Suspected MRSA</strong>&lt;br&gt;As per standard protocol&lt;br&gt;<strong>Penicillin allergy</strong>&lt;br&gt;As per standard protocol&lt;br&gt;<strong>Penicillin allergy</strong>&lt;br&gt;clindamycin&lt;sup&gt;c&lt;/sup&gt;&lt;br&gt;AND&lt;br&gt;gentamicin&lt;sup&gt;d&lt;/sup&gt;</td>
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<tr>
<td><strong>PEG tube placement, revision or conversion</strong></td>
<td>IV cefazolin 30mg/kg (to a maximum of 2 grams) as a single dose.&lt;br&gt;Repeat dose if operation &gt; 3 hours.&lt;br&gt;<strong>ADD vancomycin&lt;sup&gt;e&lt;/sup&gt; to standard protocol</strong>&lt;br&gt;As per standard protocol&lt;br&gt;<strong>Penicillin allergy</strong>&lt;br&gt;clindamycin&lt;sup&gt;c&lt;/sup&gt;&lt;br&gt;AND&lt;br&gt;gentamicin&lt;sup&gt;d&lt;/sup&gt;</td>
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<tr>
<th>Procedure</th>
<th>Antibiotics</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Elective colorectal surgery (≥1 month)</td>
<td><strong>IV</strong> cefazolin 30mg/kg (to a maximum of 2 grams) as a single dose. Repeat dose if operation &gt; 3 hours. <strong>AND</strong> IV metronidazole 12.5mg/kg (to a maximum of 500mg) as a single dose. Repeat dose if operation &gt; 8 hours.</td>
<td>As per standard protocol <strong>AND</strong> clindamycin(^c) and gentamicin(^d)</td>
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<tr>
<td>Appendicitis or Intra-abdominal surgery with peritonitis or a perforated viscus</td>
<td>IV amoxicillin/clavulanic acid(^f) as a single dose</td>
<td>As per standard protocol <strong>AND</strong> ceftriaxone(^g) and metronidazole(^h) <strong>CLINDAMYCIN</strong> (^c) <strong>AND</strong> GENTAMICIN (^d)</td>
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<tr>
<td>Hernia repair</td>
<td>If prosthetic material required consider IV cefazolin 30mg/kg (to a maximum of 2 grams) as a single dose. In neonates, Add <strong>vancomycin</strong>(^e)</td>
<td>As per standard protocol <strong>DISCUSS WITH ID OR MICROBIOLOGY SERVICE</strong></td>
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<td>Prophylaxis is not recommended for routine repair if no prosthetic material</td>
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**Notes:**

- **IV** clindamycin **15mg/kg** (to a maximum of 600mg) as a single dose. Repeat dose if operation > 6 hours.
- **IV** gentamicin **5mg/kg** (to a maximum of 480mg) as a single dose only.

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*Children known or suspected to be colonised with MRSA may need to have their therapy/prophylaxis modified. Children suspected of having MRSA include:*

1. *Children previously colonised with MRSA*
2. *Household contacts of MRSA colonised individuals*
3. *In children who reside in regions with higher MRSA rates (e.g. Kimberley and the Pilbara) a lower threshold for suspected MRSA should be given*
4. *Children with recurrent skin infections or those unresponsive to ≥ 48 hours of beta-lactam therapy. For further advice, discuss with Microbiology or ID service*

*An immediate (IgE mediated) reaction is characterised by the development of urticaria, angioedema, bronchospasm or anaphylaxis within 1 to 2 hours of drug administration. Delayed reactions including maculopapular or morbilliform rashes, drug fever and cytopaenias are more in keeping with other forms of immunological reactivity. Isolated diarrhoea is not usually immune-mediated and does NOT contraindicate the future use of an antibiotic.*
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e. IV vancomycin 15mg/kg (to a maximum of 750mg) given via slow infusion. Repeat dose if operation > 6 hours (repeat dose not required in the setting of abnormal renal function). Vancomycin infusion must be completed one hour prior to the surgical incision due to the extended distribution phase.

f. IV amoxicillin/clavulanic acid (doses based on amoxicillin component)
   Birth (term) to <40kg: IV 25mg/kg (maximum 1g) as a single dose.
   >40kg: IV 1g as a single dose.

 g. IV ceftriaxone 50mg/kg (to a maximum of 2 grams) as a single dose only.

h. IV metronidazole 12.5mg/kg (to a maximum of 500mg) as a single dose only. Repeat dose if operation > 8 hours.

### Related internal policies, procedures and guidelines

- [Antimicrobial Stewardship Policy](#)
- [ChAMP Empiric Guidelines](#)

### References


This document can be made available in alternative formats on request for a person with a disability.