

PROPHYLACTIC ANTIBIOTIC REGIMEN SELECTION FOR SURGERY

Surgical Type	Recommended Prophylaxis Options
Cardiac (Pacemakers or AICDs) or Vascular OP Table 6.1	Cefazolin or Cefuroxime, or Vancomycin* If B-lactam allergy: Vancomycin or Clindamycin
Orthopedic/Podiatry OP Table 6.2	Cefazolin or Cefuroxime or Vancomycin* If B-lactam allergy: Vancomycin or Clindamycin
Genitourinary Prostate biopsy ^{††} OP Table 6.3	Quinolone [†] or 1st Generation cephalosporin or 2nd Generation cephalosporin or 3rd Generation cephalosporin or Aminoglycoside + Metronidazole or Aminoglycoside + Clindamycin or Aztreonam + Metronidazole or Aztreonam + Clindamycin
Genitourinary Penile prosthesis insertion, removal, revision OP Table 6.3a	Ampicillin/Sulbactam or Ticarcillin/Clavulanate or Piperacillin/Tazobactam or Aminoglycoside + 1st Generation cephalosporin or Aminoglycoside + 2nd Generation cephalosporin or Aminoglycoside + Vancomycin or Aminoglycoside + Clindamycin or Aztreonam + 1st Generation cephalosporin or Aztreonam + 2nd Generation cephalosporin or Aztreonam + Vancomycin or Aztreonam + Clindamycin
Gastric/Biliary Peg placement OP Table 6.4	Cefazolin or Cefuroxime or Cefoxitin or Cefotetan or Ampicillin/Sulbactam or Cefazolin + Metronidazole or Cefurozime + Metronidazole or Vancomycin* If B-lactam allergy: Clindamycin ± Aminoglycoside, or Clindamycin ± Quinolone, or Vancomycin ± Aminoglycoside, or Vancomycin ± Quinolone
Gynecological Laparoscopically-assisted hysterectomy, Vaginal hysterectomy OP Table 6.5	Cefazolin or Cefuroxime, Cefoxitin or Cefotetan or Ampicillin/Sulbactam If B-lactam allergy: Metronidazole + Aminoglycoside, or Metronidazole + Quinolone, or Clindamycin + Aminoglycoside, or Clindamycin + Aztreonam or Clindamycin + Quinolone
Gynecological Pubovaginal sling OP Table 6.5a	1st Generation cephalosporin or 2nd Generation cephalosporin or Ampicillin/Sulbactam or Quinolone [†] If B-lactam allergy: Aminoglycoside + Clindamycin or Aminoglycoside + Metronidazole or Aztreonam + Clindamycin or Aztreonam + Metronidazole
Head and Neck OP Table 6.6	Cefazolin or Cefuroxime or Ampicillin/Sulbactam or Vancomycin* or Clindamycin ± Aminoglycoside
Neurological OP Table 6.7	Nafcillin or Oxacillin, Cefazolin or Cefuroxime or Vancomycin* or Clindamycin

*Vancomycin is acceptable with a physician/APN/PA/pharmacist documented justification for its use (see data element Vancomycin).

[†]The only operations for which oral antibiotics alone are acceptable are the Prostate biopsy and Pubovaginal sling procedures.

^{††}The only operations for which intramuscular antibiotics alone are acceptable are the Prostate biopsy procedures.

Adapted from Hospital OQR Specifications Manual, Encounter dates 01-01-12 (1Q12) through 06-30-12 (2Q12) v.5.0

