Intra-abdominal / Biliary Tract / Peritonitis – Treatment Overview

<table>
<tr><th>Read L ➔ R</th><th colspan="4">Appropriate empirical regimen = 1 + 2 + 3, pillar 4 optional</th></tr>
<tr><th></th><th>1: Streptococci and enterococci</th><th>2: Gram negatives</th><th>3: Anaerobic organisms</th><th>4: Yeasts</th></tr>
<tr><td>Upper GI tract perforations, including oesophageal</td><td rowspan="3">Amoxicillin IV 1g 8 hourly

If penicillin allergic: Vancomycin IV as per vancomycin dosage guidelines</td><td rowspan="3">Gentamicin IV* as per gentamicin dosage guidelines</td><td>Metronidazole PO 400mg or IV 500mg 8 hourly</td><td>Fluconazole PO or IV 400mg daily</td></tr>
<tr><td>Biliary tract infections</td><td>Not routinely required, consider if failure to improve on 1st line treatment or gas seen on imaging</td><td>Not routinely required</td></tr>
<tr><td>Lower GI tract perforations, appendicitis, peritonitis</td><td>Metronidazole PO 400mg or IV 500mg 8 hourly</td><td>Consider if significant peritoneal soiling: Fluconazole PO or IV 400mg daily</td></tr>
<tr><td>Uncomplicated diverticulitis**</td><td colspan="4" rowspan="2">Antimicrobials not routinely required</td></tr>
<tr><td>Pancreatitis</td></tr>
</table>

*Patients with acute or chronic impairment of renal function and an eGFR <20 ml/min and those with decompensated alcoholic liver disease are at increased risk of adverse events with gentamicin. IV temocillin (see here for dosing guidance) is a beta-lactam antimicrobial with comparable breadth of gram negative cover which can replace gentamicin in these patient populations, **provided they do not have a history of penicillin allergy.**

**No evidence of sepsis or complications such as peritonitis, diverticular abscess or bowel obstruction.