

Mild to Moderate Primary Peritonitis (Spontaneous Bacterial Peritonitis) OR

Mild to Moderate Biliary Tract Infection

- Ceftriaxone 1g IV daily

If anaphylaxis to PCN &/or Severe Cephalosporin allergy

- Aztreonam 2g IV q8h
Vancomycin pharmacy to dose

Mild to Moderate Community-Acquired Secondary Peritonitis OR Diverticulitis

- Ceftriaxone 1g IV daily
Metronidazole 500mg IV q8h

If anaphylaxis to PCN &/or Severe Cephalosporin allergy

- Aztreonam 2g IV q8h
Metronidazole 500mg IV q8h
Vancomycin pharmacy to dose

Severe Community-Acquired Peritonitis, Biliary Tract Infection, Diverticulitis OR

Health Care-Associated Secondary Peritonitis

- Piperacillin/tazobactam 3.375g IV q8h (extended infusion)

Health Care-Associated Secondary Peritonitis w/ Risk Factors*

- Piperacillin/tazobactam 3.375g IV q8h (extended infusion)
Vancomycin pharmacy to dose

Infected Necrotizing Pancreatitis

- CT scan with gas in the pancreas and/or percutaneous or surgical specimen with organisms evident on gram stain or culture
- Piperacillin/tazobactam 3.375g IV q8h (extended infusion)

If severe PCN allergy but tolerates cephalosporins, replace piperacillin/tazobactam with:

- Cefepime 1g IV q6h
Metronidazole 500mg IV q8h

If anaphylaxis to PCN &/or Severe Cephalosporin allergy, replace piperacillin/tazobactam with:

- Aztreonam 2g IV q8h
Metronidazole 500mg IV q8h
Vancomycin pharmacy to dose

**Risk Factors: Known colonizer of MRSA, recent abdominal surgery, recent broad spectrum antibiotic use, patient hemodynamically unstable, peritoneal dialysis related peritonitis*