




CLINICAL SCENARIO		DRUGS/DOSES			
		Standard Protocol	Known or Suspected MRSA <sup>a</sup>	Penicillin allergy <sup>b</sup> Delayed	Penicillin allergy <sup>b</sup> Immediate
Gastrointestinal / Abdominal	All gastrointestinal surgery (< 1 month of age)	IV Cephazolin 25mg/kg (to a maximum of 2gram) as a single dose Repeat dose if operation > 4 hours <b>AND</b> IV Metronidazole 12.5mg/kg (to a maximum of 500mg) as a single dose	<b>ADD</b> Vancomycin <sup>c</sup> to standard protocol	As per standard protocol	Discuss with ID or Microbiology service
	Upper gastrointestinal tract or biliary surgery (≥1 month of age)	IV Cephazolin 25mg/kg (to a maximum of 2gram) as a single dose Repeat dose if operation > 4 hours	<b>ADD</b> Vancomycin <sup>c</sup> to standard protocol	As per standard protocol	Clindamycin <sup>d</sup> <b>AND</b> Gentamicin <sup>e</sup>
	PEG tube placement, revision or conversion	IV Cephazolin 25mg/kg (to a maximum of 2gram) as a single dose Repeat dose if operation > 4 hours	<b>ADD</b> Vancomycin <sup>c</sup> to standard protocol	As per standard protocol	Clindamycin <sup>d</sup> <b>AND</b> Gentamicin <sup>e</sup>
	Elective colorectal surgery (≥1 month)	IV Cephazolin 25mg/kg (to a maximum of 2gram) as a single dose Repeat dose if operation > 4 hours <b>AND</b> IV Metronidazole (12.5mg/kg stat, max 500mg).	<b>ADD</b> Vancomycin <sup>c</sup> to standard protocol	As per standard protocol	Clindamycin <sup>d</sup> <b>AND</b> Gentamicin <sup>e</sup>
	Appendicitis	IV Piperacillin/tazobactam 100mg/kg (to a maximum of 4gram piperacillin component)	<b>ADD</b> Vancomycin <sup>c</sup> to standard protocol	Ceftriaxone <sup>g</sup> <b>AND</b> Metronidazole <sup>f</sup>	Clindamycin <sup>d</sup> <b>AND</b> Gentamicin <sup>e</sup>
		See treatment guideline for the recommended post-operative antibiotic therapy.			
	Intra-abdominal surgery with peritonitis or a perforated viscus	IV Piperacillin/tazobactam 100mg/kg (to a maximum of 4gram piperacillin component)	<b>ADD</b> Vancomycin <sup>c</sup> to standard protocol	<b>CONTINUE</b> Ceftriaxone <sup>h</sup> <b>AND</b> Metronidazole <sup>i</sup>	<b>CONTINUE</b> Clindamycin <sup>j</sup> <b>AND</b> Gentamicin <sup>k</sup>
		Continue treatment as per treatment guideline			
Hernia repair	Prophylaxis not routinely recommended				
	In neonates, consider IV Cephazolin 25mg/kg (to a maximum of 2gram) as a single dose	In neonates, Add Vancomycin <sup>c</sup>	As per standard protocol	Discuss with ID or Microbiology service	

- a) Children known or suspected to be colonised with MRSA may need to have their therapy/prophylaxis modified. Children suspected of having MRSA include:
- household contacts of MRSA colonised individuals and
  - children with recurrent skin infections or those unresponsive to beta-lactam therapy. For further advice, discuss with Microbiology or ID service
- b) 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 morbiliform rashes, drug fever and cytopenias and 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
- c) IV Vancomycin **15mg/kg** (to a maximum of 750mg) via slow infusion. Repeat dose if operation > 6 hours
- d) IV Clindamycin **10mg/kg** (to a maximum of 600mg) as a single dose. Repeat dose if operation > 6 hours
- e) IV Gentamicin **5mg/kg** (to a maximum of 480mg) as a single dose only
- f) IV Metronidazole **12.5mg/kg** (to a maximum of 500mg) as a single dose only
- g) IV Ceftriaxone **50mg/kg** (to a maximum of 2g) as a single dose only
- h) IV Ceftriaxone **50mg/kg** (to a maximum of 2g) daily
- i) IV Metronidazole **12.5mg/kg** (to a maximum of 500mg) 12 hourly
- j) IV Clindamycin **10mg/kg** (to a maximum of 600mg) 6 hourly
- k) IV Gentamicin **6mg/kg for children >10years and 7.5mg/kg for children <10 years** (to a maximum of 480mg) once daily. Therapeutic drug monitoring required

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