Intra-abdominal Infections in Adults

Solomkin JS, Mazuski JE, Bradley JS, et al. Diagnosis and management of complicated intra-abdominal infection in adults and children: guidelines by the Surgical Infection Society and the Infectious Diseases Society of America. Clin Infect Dis 2010;50(2):133-64.

Infection	Modifying factors	Usual pathogens	Empiric Antibiotic Therapy (Mild penicillin allergies (i.e. rash): cephalosporins may be safely used)	Alternative Antibiotic Therapy (Severe penicillin allergy: anaphylaxis, angioedema, respiratory distress, hives)	Treatment Duration (combined IV+PO)
Uncomplicated intra-abdominal infection (mild-moderate) **Community-acquired (hospitalized ≤ 3 days), ruptured appendicitis**	Uncomplicated appendicitis	**Antibiotic treatment beyond surgical prophylaxis may not be necessary**			
	Diverticulitis, peritonitis	Enterobacteriaceae (*E. coli*, *K. pneumoniae*), Streptococci, anaerobes (e.g., *B. fragilis*)	IV PO	IV PO	4–7 days
	Cholecystitis/ cholangitis)	Enterobacteriaceae (*E. coli*, *K. pneumoniae*), Streptococci	IV PO	IV PO	
Complicated intra-abdominal infection (high risk or severity) (severe physiologic disturbance, advanced age, or immunocompromised state)		As above plus *P. aeruginosa*			4–7 days (may need to be extended with inadequate source control)

The above recommendations are a guide for the selection of empiric antibiotic therapy. Consider modifying antibiotic therapy if cultures and sensitivity results are available.