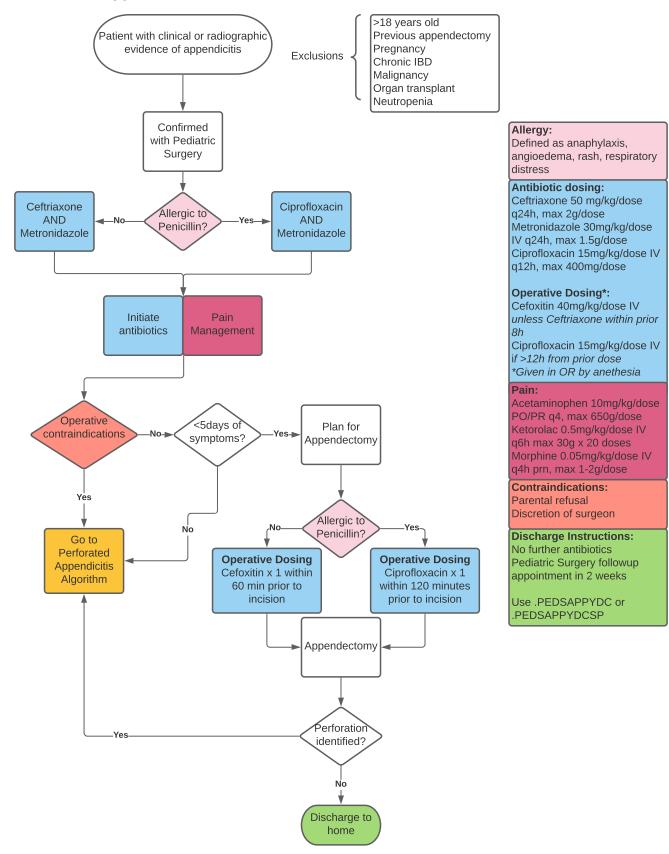
# ANTIBIOTIC PROTOCOL FOR APPENDICITIS KRAVIS CHILDREN'S HOSPITAL

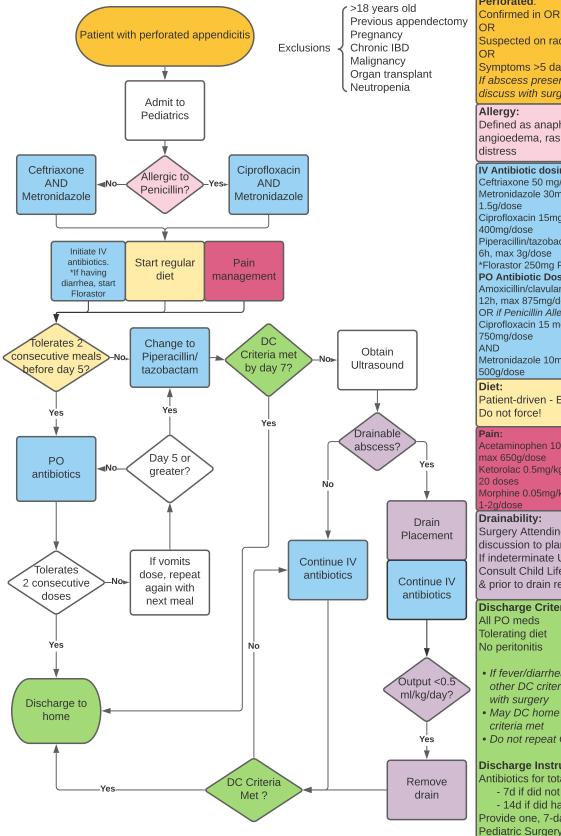
# **Non-Perforated Appendicitis**



Date of Issue: 12/2020

# ANTIBIOTIC PROTOCOL FOR APPENDICITIS KRAVIS CHILDREN'S HOSPITAL

**Perforated Appendicitis** 



#### Perforated:

Suspected on radiological studies

Date of Issue: 12/2020

Symptoms >5 days

If abscess present on admission, discuss with surgery

Defined as anaphylaxis, angioedema, rash, respiratory

#### IV Antibiotic dosing:

Ceftriaxone 50 mg/kg q24h, max 2g Metronidazole 30mg/kg IV q24h, max

Ciprofloxacin 15mg/kg IV q12h, max

Piperacillin/tazobactam 80 mg/kg IV q

\*Florastor 250mg PO BID

## PO Antibiotic Dosing:

Amoxicillin/clavulanate 22.5 mg/kg q 12h, max 875mg/dose

OR if Penicillin Allergy

Ciprofloxacin 15 mg/kg PO q12h, max

Metronidazole 10mg/kg PO q8h, max

Patient-driven - Eat only as desired

Acetaminophen 10mg/kg PO/PR q4, max 650g/dose

Ketorolac 0.5mg/kg IV q6h max 30g x

Morphine 0.05mg/kg IV q4h prn, max

Surgery Attending to IR Attending discussion to plan drain placement If indeterminate US, consider CT Consult Child Life prior to drainage & prior to drain removal

# Discharge Criteria:

Tolerating diet No peritonitis

- If fever/diarrhea still present but other DC criteria met, discuss with surgery
- · May DC home with drain if other criteria met
- Do not repeat CBC

### Discharge Instructions:

Antibiotics for total of:

- 7d if did not have abscess
- 14d if did have abscess

Provide one, 7-day refill Pediatric Surgery Telehealth appointment on last day of abx