

TABLE E-2 Level of Recommendations About Prophylactic Systemic Antibiotic Therapy for Patients with Open Fractures of Extremities*

Recommendation	Total	Injury Severity Not Specified or for All Injuries	Gustilo Type			Extremity†		Soil, Marine, or Severely Contaminated Wounds	Gun Velocity		
			I and II	II and III	III	Upper	Lower		Not Specified	Low	High
Must	252 (91.3%)	58 (80.6%)	47 (94.0%)	7 (100%)	43 (93.5%)	3 (75.0%)	33 (97.1%)	41 (100%)	2 (100%)	4 (66.7%)	14 (100%)
Probably should	14 (5.1%)	7 (9.7%)	3 (6.0%)		3 (6.5%)					1 (16.7%)	
Possibly should	2 (0.7%)	1 (1.4%)				1 (25.0%)					
Uncertain	1 (0.4%)									1 (16.7%)	
Probably should not	3 (1.1%)	2 (2.8%)					1 (2.9%)				
Certainly should not	2‡ (0.7%)	2‡ (2.8%)									
No opinion	2 (0.7%)	2 (2.8%)									
Total	276 (100%)	72 (100%)	50 (100%)	7 (100%)	46 (100%)	4 (100%)	34 (100%)	41 (100%)	2 (100%)	6 (100%)	14 (100%)

*Recommendations refer to the level of recommendations about whether antibiotics should be systematically given to patients with open fractures of extremities, per article, book chapter, or guideline. The values are given as the number of publications, with the percentage in parentheses. †Upper-extremity fractures include open fractures of the radius, humerus, and ulna for all Gustilo types of injury severity. Lower-extremity fractures include open fractures of the tibia, femur, knee, foot and ankle, forefoot, phalanx, and calcaneus for all Gustilo types of injury severity. ‡These 2 review articles only refer to fluoroquinolone.