

Table III. Antibiotic Regimens for the Initial Empiric Treatment of Intra-abdominal Infection

	Community-acquired	Community-acquired	Community-acquired infection
	Gastric/Duodenum	Mild-to-moderate severity 1.proximal gastrointestinal perforations in the presence of obstruction or paralytic ileus 2.distal small bowel, appendiceal and colon-derived infection 3.biliary-derived infection with biliary-enteric anastomosis	Uncomplicated High risk or severity: severe physiologic disturbance, advanced age, or immunocompromised state Healthcare-associated
Single agent	Cefazolin, cefuroxime, ceftriaxone	Ertapenem, moxifloxacin ^a , ticarcillin-clavulanic acid	Imipenem-cilastatin, meropenem, dori-penem, and piperacillin-tazobactam
Combination		Cefazolin, cefuroxime, ceftriaxone, cefotaxime, ciprofloxacin, or levofloxacin ^a , each in combination with metronidazole	Cefepime, ceftazidime, ciprofloxacin, or levofloxacin ^a , each in combination with metronidazole

^aBecause of increasing resistance of Escherichia coli to fluoroquinolones, local population susceptibility profiles and, if available, isolate susceptibility should be reviewed.

Adapted from: 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 (15 January): 133-64.