

Gastrointestinal Endoscopy Antibiotic Prophylaxis Guidelines

ENDOSCOPY

Drug administration

- Slow IV bolus – should be given \leq 60 minutes before the procedure. Administration after the procedure or $>$ 60 minutes beforehand reduces effectiveness
- IV infusions – should be timed to end \leq 30 minutes before the procedure

Clinical Situation	First line regimen	Alternative (immediate type or severe penicillin or cephalosporin hypersensitivity)
Any endoscopic or colonoscopic procedure for endocarditis or prosthetic joint infection prophylaxis	Antibiotics not indicated	
ERCP, placement of biliary stents, (antibiotics indicated only where full drainage is considered a low probability)	Cephazolin 2g IV (single dose only) bolus over 5 minutes at time of induction	Gentamicin 3mg/kg IV (single dose only) bolus over 5 minutes at time of induction
Percutaneous endoscopic gastrostomy (PEG) or jejunostomy (PEJ)	Cephazolin 2g (single dose only) bolus over 5 minutes at time of induction	Vancomycin 1g IV (single dose only) infused over 100 minutes before incision, (1.5g IV for patients $>$ 80kg infused over 150 minutes)
	MRSA colonisation: ADD Vancomycin 1g IV (single dose only) infused over 100 minutes before incision, (1.5g IV for patients $>$ 80kg infused over 150 minutes) to cephazolin.	

Multi-Drug Resistance

Colonisation with known Multi-Drug Resistant organisms may need to be taken into consideration as an alternative regimen could be required. Suggest contact Infectious Diseases for advice.

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