## JR PATHWAY

## Antibiotic regimes for complicated appendicitis (see dosing in EOLAS)

Preferred: Co-amoxiclav and Gentamicin (at induction: cefazolin AND metronidazole AND add gentamicin if not started pre-op)

Alternative: Non-severe penicillin allergy: ceftriaxone and metronidazole (at induction: cefazolin AND metronidazole (if dose is due)

AND gentamicin) NO gentamicin post-op

Severe penicillin allergy: clindamycin and gentamicin (including for induction- check re-dosing interval)

## SUSPECTED APPENDICITIS\*

- 1) Start IV Coamoxiclav\*\*
- 2) Predict severity
- If score ≥ 4 add gentamicin,
   if <4 consider CONTRACT2</li>

Parameter	Points
Rebound tenderness	1
Pain duration >48 hours	1
Temperature >37.3°C	1
Neutrophil count >11x10^9/L	2
CRP >50g/L	2

\*Consultant or registrar decision

\*\* In case of penicillin allergy- see alternatives in antibiotics regimes.

\*\*\* Cefazolin and metronidazole to be given at induction regardless of timing of last co-amoxiclav dose (see alternative regimens for penicillin allergy above and in EOLAS)

\*\*\*\* Can be PO once tolerating oral route

\*\*\*\*\* Gentamicin level to be done before 3<sup>rd</sup> dose only if to be continued beyond 48 hours i.e. more than 2 doses

## **SIMPLE PATHWAY** Defined as either normal appendix (No macroscopic evidence of inflammation) or simple appendicitis (Inflamed appendix) **Raised WCC:** No further antibiotics necessary Home with oral antibiotics to complete If no resistance: co-amoxiclav Normal /Simple appendicitis Check Surgery \*\*\* **Normal WCC:** @ 48 hours post op Complicated Home without antibiotics @72 hours appendicitis resistance to co-Assessment with: Pyrexial OR not **USS AP** tolerating oral intake complete 10 days CRP/WCC **COMPLICATED PATHWAY** Defined as gangrenous appendix, Microbiology advice Continue IV antibiotics + perforated appendix +/- visible faecolith 24 hourly review Pyrexial or clinical signs of collection @ day 5-7