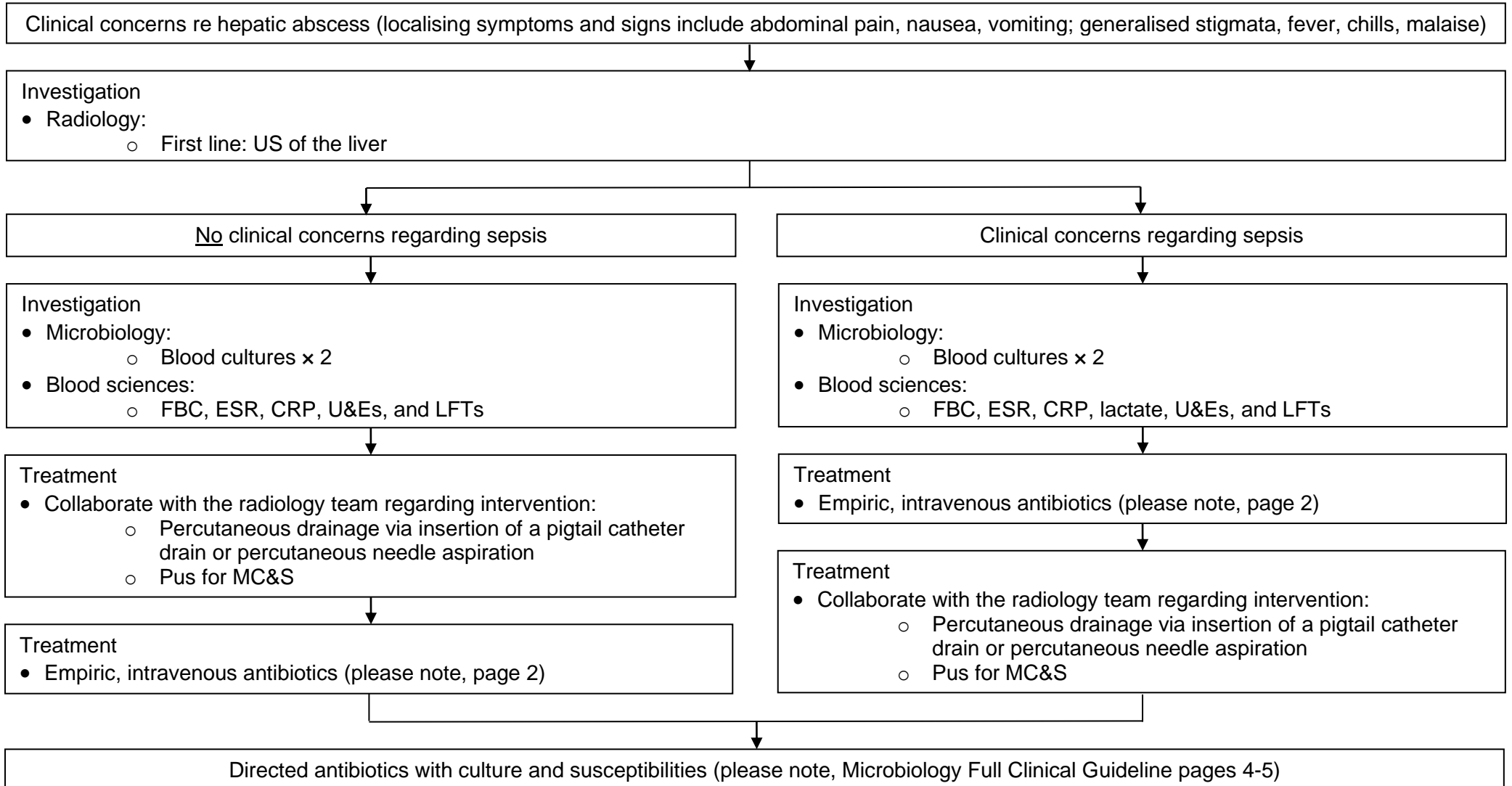


Hepatic Abscess – Microbiology Summary Clinical Guideline

Reference number: CG-MICRO/2019/002



Empiric, intravenous antibiotics: no clinical concerns regarding sepsis

First line	Piperacillin tazobactam 4.5 g 8 hourly
Second line, if non-immediate without systemic involvement penicillin allergy	Ceftriaxone 2 g 24 hourly and Metronidazole 500 mg 8 hourly
Third line, if immediate rapidly evolving or non-immediate with systemic involvement penicillin allergy	Ciprofloxacin 400 mg 12 hourly and Metronidazole 500 mg 8 hourly

Empiric, intravenous antibiotics: clinical concerns regarding **sepsis (life threatening organ dysfunction caused by a dysregulated host immune response to infection) secondary to hepatic abscess**

First line	Piperacillin tazobactam 4.5 g 6 hourly ± If there are clinical concerns regarding the risk of methicillin resistant <i>Staphylococcus aureus</i> (MRSA), vancomycin or teicoplanin, dose as per hospital guidelines , vancomycin target pre dose level 15-20 mg/l, teicoplanin target pre dose level 15-30 mg/l
Second line, if non-immediate without systemic involvement penicillin allergy	Ceftazidime 2 g 8 hourly and Vancomycin or teicoplanin, dose as per hospital guidelines , vancomycin target pre dose level 15-20 mg/l, teicoplanin target pre dose level 15-30 mg/l and Metronidazole 500 mg 8 hourly
Third line, if immediate rapidly evolving or non-immediate with systemic involvement penicillin allergy	Ciprofloxacin 400 mg 8 hourly and Vancomycin or teicoplanin, dose as per hospital guidelines , vancomycin target pre dose level 15-20 mg/l, teicoplanin target pre dose level 15-30 mg/l and Metronidazole 500 mg 8 hourly

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Document control

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