

Prophylactic Antibiotic Regimen Selection for Surgery

Surgical Procedure (Appendix A)	Approved Antibiotics (Appendix C)
Cardiac (Pacemakers or AICDs) or Vascular	
OP Table 6.1	Cefazolin or Cefuroxime , OP Table 6.6 or Vancomycin* OP Table 6.12 If β-lactam allergy: Vancomycin OP Table 6.12 or Clindamycin OP Table 6.7
Orthopedic/Podiatry	
OP Table 6.2	Cefazolin or Cefuroxime OP Table 6.6 or Vancomycin* OP Table 6.12 If β-lactam allergy: Vancomycin OP Table 6.12 or Clindamycin OP Table 6.7
Genitourinary	
Prostate biopsy^{††} OP Table 6.3	Quinolone[†] OP Table 6.11 OR 1st Generation cephalosporin OP Table 6.6a OR 2nd Generation cephalosporin OP Table 6.6b OR 3rd Generation cephalosporin OP Table 6.6c OR Aminoglycoside OP Table 6.2 + Metronidazole OP Table 6.9 OR Aminoglycoside OP Table 6.2 + Clindamycin OP Table 6.7 OR Aztreonam OP Table 6.5 + Metronidazole OP Table 6.9 OR Aztreonam OP Table 6.5 + Clindamycin OP Table 6.7
Penile prosthesis insertion, removal, revision OP Table 6.3a	Ampicillin/Sulbactam or Ticarcillin/Clavulanate or Piperacillin/Tazobactam OP Table 6.3 OR Aminoglycoside OP Table 6.2 + 1st Generation cephalosporin OP Table 6.6a OR Aminoglycoside OP Table 6.2 + 2nd Generation cephalosporin OP Table 6.6b OR Aminoglycoside OP Table 6.2 + Vancomycin OP Table 6.12 OR Aminoglycoside OP Table 6.2 + Clindamycin OP Table 6.7 OR Aztreonam OP Table 6.5 + 1st Generation cephalosporin OP Table 6.6a OR Aztreonam OP Table 6.5 + 2nd Generation cephalosporin OP Table 6.6b OR Aztreonam OP Table 6.5 + Vancomycin OP Table 6.12 OR Aztreonam OP Table 6.5 + Clindamycin OP Table 6.7
Gastric/Biliary	
PEG placement OP Table 6.4	Cefazolin OP Table 6.6 OR Cefuroxime OP Table 6.6 OR Cefoxitin OP Table 6.4 OR Cefotetan OP Table 6.4 OR Ampicillin/Sulbactam OP Table 6.3a OR Cefazolin OP Table 6.6 + Metronidazole OP Table 6.9 OR Cefuroxime OP Table 6.6 + Metronidazole OP Table 6.9 OR Vancomycin* OP Table 6.12 If β-lactam allergy: Clindamycin OP Table 6.7 +/- Aminoglycoside OP Table 6.2 OR Clindamycin OP Table 6.7 +/- Quinolone OP Table 6.11 OR Vancomycin OP Table 6.12 +/- Aminoglycoside OP Table 6.2 OR Vancomycin OP Table 6.12 +/- Quinolone OP Table 6.11

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Surgical Procedure (Appendix A)	Approved Antibiotics (Appendix C)
Gynecological	
Laparoscopically-assisted hysterectomy, Vaginal hysterectomy OP Table 6.5	Cefazolin or Cefuroxime OP Table 6.6, or Cefoxitin or Cefotetan OP Table 6.4 or Ampicillin/Sulbactam OP Table 6.3a If β-lactam allergy: Metronidazole OP Table 6.9 + Aminoglycoside OP Table 6.2 OR Metronidazole OP Table 6.9 + Quinolone OP Table 6.11 OR Clindamycin OP Table 6.7 + Aminoglycoside OP Table 6.2 OR Clindamycin OP Table 6.7 + Aztreonam OP Table 6.5 OR Clindamycin OP Table 6.7 + Quinolone OP Table 6.11
Pubovaginal sling OP Table 6.5a	1st Generation cephalosporin OP Table 6.6a OR 2nd Generation cephalosporin OP Table 6.6b OR Ampicillin/Sulbactam OP Table 6.3a OR Quinolone[†] OP Table 6.11 If β-lactam allergy: Aminoglycoside OP Table 6.2 + Clindamycin OP Table 6.7 OR Aminoglycoside OP Table 6.2 + Metronidazole OP Table 6.9 OR Aztreonam OP Table 6.5 + Clindamycin OP Table 6.7 OR Aztreonam OP Table 6.5 + Metronidazole OP Table 6.9
Head and Neck	
OP Table 6.6	Cefazolin or Cefuroxime OP Table 6.6 OR Ampicillin/Sulbactam OP Table 6.3a OR Clindamycin OP Table 6.7 +/- Aminoglycoside OP Table 6.2 OR Vancomycin[*] OP Table 6.12
Neurological	
OP Table 6.7	Nafcillin or Oxacillin OP Table 6.8, Cefazolin or Cefuroxime OP Table 6.6, or Vancomycin[*] OP Table 6.12 or Clindamycin OP Table 6.7
Special Considerations	
<p>[*]Vancomycin is acceptable with a physician/APN/PA/pharmacist documented justification for its use (see data element <i>Vancomycin</i>).</p> <p>[†]The only operations for which oral antibiotics alone are acceptable are the Prostate biopsy and Pubovaginal sling procedures.</p> <p>^{††}The only operations for which intramuscular antibiotics alone are acceptable are the Prostate biopsy procedures.</p>	

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