

ANTIBIOTICS SURG	CAL PROPHYLAXIS	
The use of antimicrobial agents for dirty procedure or established		
prophylaxis. The treatment is excluded from this form.		
*Consider adding a single dose of gentamicin 5 mg/kg IV if your	hospital is facing gram negative bacterial surgical site infection	
according to local hospital antibiogram.		
*For procedures lasting more than 4 hours, or for procedures wit	h more than 1,500 mL blood loss, repeat dose of Cefazolin	
every 4 hours OR Clindamycin every 6 hours as an alternative ag	-	
Gastroduodenal		
Procedures involving entry into the lumen of gastrointestinal trac	t (bariatric, pancreaticoduodenectomy)	
Procedures without entry into gastrointestinal tract (antireflux, high		
Laparoscopic procedure: Elective, high risk		
Appendectomy for uncomplicated appendicitis		
Colorectal		
Biliary tract: open procedure		
Small intestine: Non-obstructed or obstructed		
Preferred regimen :	Alternative agents:	
□ Cefazolin 2 g (if weight ≥120 kg: 3 g) (children dose:30	Clindamycin 900 mg (children dose: 10 mg/kg) IV within	
mg/kg) IV single dose +	60 minutes + Ciprofloxacin 400 mg IV (children dose: 10	
For appendectomy, obstructed small intestinal and colorectal	mg/kg) single dose within 120 minutes prior to incision	
add Metronidazole 500 mg (children dose:15 mg/kg) IV single dose within 60 minutes prior to incision	Obstructed small intestinal	
	Metronidazole 500 mg (children dose:15 mg/kg) IV single	
	dose within 60 minutes prior to incision + Ciprofloxacin 400	
	mg IV (children dose: 10 mg/kg) single dose within 120	
	minutes prior to incision	
Cardiac: Screen patients for MRSA nasal carriage, if positive era	dicate with nasal mupirocin & chlorhexidine body wash for 5	
days.		
Coronary artery bypass, Cardiac device insertion procedures (e.	g., pacemaker implantation and Ventricular assist devices	
Thoracic		
Noncardiac procedures, including lobectomy, pneumonectomy, lung resection, and thoracotomy		
Video-assisted thoracoscopic surgery		
	Alternative agents:	
Cefazolin 2 g (if weight \geq 120 kg: 3 g) (children dose: 30	Clindamycin 900 mg (children dose:10 mg/kg) IV single	
mg/kg) IV single dose within 60 minutes prior to incision	dose within 60 minutes prior to incision	
	□ Vancomycin 15 mg/kg (max.2 g) (children dose: 15 mg/kg) IV single dose within 120 minutes prior to incision	
Cesarean delivery		
Vaginal or abdominal hysterectomy/other obstetric procedure		
Preferred regimen :	Alternative agents:	
□ Cefazolin 2 g (if weight ≥120 kg: 3g) IV single dose within	Clindamycin 900 mg (children dose:10 mg/kg) IV single	
60 minutes prior to incision	dose + Gentamicin 5 mg/kg (children dose: 2.5 mg/kg) single	
	dose within 60 minutes prior to incision	
	· · · · · · · · ·	
Head/ neck		
🌐 www.moh.gov.sa 🗞 937 灯 SaudiMOH 🏜 MOHPortal 🖪 SaudiMOH 🕹 Saudi_Moh		
GDOH-INP-ASPF-091 ISSUE DATE: 22/5/2017	UPDATED ON: 22/5/2021 SN	



Clean cut procedures: none		
<u>Clean with prosthesis:</u> (excluding tympanostomy tubes) Preferred regimen : □ Cefazolin 2 g (if weight ≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision	Clean with prosthesis: (excludes tympanostomy tubes) Alternative agents: Clindamycin 900 mg (children dose:10 mg/kg) IV single dose within 60 minutes prior to incision	
<u>Clean – contaminated: (</u> cancer or other procedure with exception of tonsillectomy and functional endoscopic sinus procedure) Preferred regimen: □ Cefazolin 2 g (if weight ≥120 kg: 3 g) (children dose: 30mg/kg) IV single dose + Metronidazole 500 mg (children dose:15 mg/kg) IV single dose within 60 minutes prior to incision.	<u>Clean – contaminated: (</u> cancer or other procedure with exception of tonsillectomy and functional endoscopic sinus procedure) Alternative: Clindamycin 900 mg (children dose:10mg/kg) IV single dose within 60 minutes prior to incision	
Urology:		
Preferred regimen: Lower tract instrumentation with risk factors for infection (includes transrectal prostate biopsy) Clean without entry into urinary tract □ Cefazolin 2 g (if weight≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision Involving implanted prosthesis Clean with entry into urinary tract □ Cefazolin 2 g (if weight≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision ± Gentamicin 5 mg/kg (children dose: 2.5 mg/kg) single dose within 60 minutes prior to incision Clean-contaminated □ Cefazolin 2 g (if weight≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose + Metronidazole 500 mg (children dose: 15 mg/kg) IV single dose within 60 minutes prior to incision	Alternative agents: Lower tract instrumentation with risk factors for infection (includes transrectal prostate biopsy) Clean with entry into urinary tract Clean-contaminated Ciprofloxacin 400mg (children dose:10mg/kg) IV single dose within 120 minutes prior to incision Clean without entry into urinary tract Clindamycin 900 mg (children dose:10 mg/kg) IV single dose within 60 minutes prior to incision Vancomycin 15 mg/kg (max.2 g) (children dose: 15 mg/kg) IV single dose within 120 minutes prior to incision Involving implanted prosthesis Clindamycin 900 mg (children dose:10 mg/kg) IV single dose ± gentamicin 5 mg/kg (children dose: 2.5 mg/kg) single dose within 60 minutes prior to incision	
Elective craniotomy and cerebrospinal fluid-shunting Procedures Implantation of intrathecal pumps		
Preferred regimen: ☐ Cefazolin 2 g (if weight≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision	Alternative agents: Clindamycin 900 mg (children dose: 10 mg/kg) IV single dose within 60 minutes prior to incision <u>If MRSA colonization is present:</u> Vancomycin 15 mg/kg (max.2g) (children dose:15 mg/kg) IV single dose within 120 minutes prior to incision	
Orthopedic: *Screen patients for MRSA nasal carriage, if positive eradicate with nasal mupirocin & chlorhexidine body wash for 5 days. *Clean operations: hand, knee or foot not involving implantation of foreign materials: none Spinal procedures with and without instrumentation Hip fracture repair Implantation of internal fixation devices (e.g., nails, screws, plates, wires) Total joint replacement @www.moh.gov.sa & 937 & SaudiMOH & MOHPortal & SaudiMOH & Saudi_Moh		

ISSUE DATE: 22/5/2017

UPDATED ON: 22/5/2021

SN



Preferred regimen: ☐ Cefazolin 2 g (if weight ≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision	Alternative agents: Clindamycin 900 mg (children dose: 10 mg/kg) IV for single dose within 60 minutes prior to incision Vancomycin 15 mg/kg (max.2g) (children dose:15 mg/kg) IV single dose within 120 minutes prior to incision	
Vascular Hemioplasty or hemiorrhaphy MESH Placement		
Preferred regimen: ☐ Cefazolin 2 g (if weight ≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision	Alternative: Clindamycin 900 mg (children dose:10 mg/kg) IV for single dose within 60 minutes prior to incision Vancomycin 15 mg/kg (max.2g) (children dose:15 mg/kg) IV single dose within 120 minutes prior to incision	
Plastic Clean procedure with risk factors or clean-contaminated		
Preferred regimen: ☐ Cefazolin 2 g (if weight ≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision	Alternative: Clindamycin 900 mg (children dose: 10 mg/kg) IV for single dose within 60 minutes prior to incision. Vancomycin 15 mg/kg (max.2g) (children dose:15mg/kg) IV single dose within 120 minutes prior to incision	
Ophthalmic		
 Topical Moxifloxacin 1 drop every 5–15 minutes for 5 doses Addition of: (OPTIONAL) Cefazolin 100 mg by subconjunctival injection OR Cefazolin 1–2.5 mg Intracameral 		
Liver transplantation		
Preferred regimen: Piperacillin–tazobactam 3.375 g (childern > 9 months and ≤ 40 kg: 100mg/kg of penicillin componant) IV single dose within 60 minutes prior to incision	Alternative: Clindamycin 900 mg (children dose: 10 mg/kg) IV for single dose within 60 minutes prior to incision + Ciprofloxacin 400 mg IV (children dose: 10 mg/kg) single dose within 120 minutes prior to incision Vancomycin 15 mg/kg (max.2g) (children dose:15mg/kg) IV single dose within 120 minutes prior to incision ++ Ciprofloxacin 400 mg IV (children dose: 10 mg/kg) single dose within 120 minutes prior to incision	
Pancreas and pancreas-kidney transplantation		
Preferred regimen: ☐ Cefazolin 2 g (if weight ≥120 kg: 3 g) (children dose: 30 mg/kg) IV single dose within 60 minutes prior to incision	Alternative: Clindamycin 900 mg (children dose: 10 mg/kg) IV for single dose within 60 minutes prior to incision + Ciprofloxacin 400 mg IV (children dose: 10 mg/kg) single dose within 120 minutes prior to incision Vancomycin 15 mg/kg (max.2g) (children dose:15mg/kg) IV single dose within 120 minutes prior to incision ++	

🕮 www.moh.gov.sa 💊 937 💱 SaudiMOH 🖀 MOHPortal 🕼 SaudiMOH 🕹 Saudi_Moh



Ciprofloxacin 400 mg IV (children dose: 10 mg/kg) single dose within 120 minutes prior to incision

*Post-operative duration of antimicrobial prophylaxis should be limited to less than 24 hours from surgery end time, regardless of the presence of indwelling catheters, drains or prosthesis.

- Classification of surgical wounds:	Time of antibiotics Administration:
🗆 clean	Administration site: D Peripheral
clean- contaminated	Central
- Time of incision:	Nurse name:
- Duration of surgery: Hours.	Signature:
- Repeat dosing of antibiotic, if Yes:	
Drug Name: Dose:	Double check by (nurse name):
- Prophylaxis antibiotic duration:	Signature:
□ single dose	
□ Not more than 24 hours after surgery end time	Re-dosing administration nurse:
	Nurse comment:
Comment:	
MRP name: Signature:	