

## ANTIBIOTIC PROPHYLAXIS

### SURGICAL SITE INFECTION PREVENTION - PROPHYLACTIC ANTIMICROBIAL SELECTION AND DOSING

Antibiotic <sup>1,2,3</sup>	Alternative (documented anaphylaxis <sup>4</sup> with beta-lactam)	Prophylaxis for MRSA-Positive Patients
<b>Cardiac</b>		
<b>Cefazolin 1 g (&lt;80 kg) or 2 g (≥80 kg)</b>	<b>Vancomycin 1 g</b> IV infused over 60-90 minutes within 120 minutes prior to incision, and then q12h post-op, not to exceed 24 hours post-op for CABG and 48 hours post-op for valves. <i>Re-dose at 4 hours intra-op<sup>a</sup></i>	<b>Vancomycin 1 g</b> IV infused over 60-90 minutes within 120 minutes prior to incision, and then q12h post-op, not to exceed 24 hours post-op for CABG and 48 hours post-op for valves. <i>Re-dose at 12 hours intra-op<sup>a</sup></i>
<b>Pacemaker and Left Ventricular Assist Device (LVAD)</b>		
<b>Cefazolin 1 g</b> IV within 60 minutes prior to incision, and then 1 g IV post-op (8 hours after the pre-op dose)	<b>Vancomycin 1 g</b> IV infused over 60-90 minutes within 120 minutes prior to incision, and then 1 g post-op (12 hours after the pre-op dose).	<b>Vancomycin 1 g</b> IV infused over 60-90 minutes within 120 minutes prior to incision, and then 1 g post-op (12 hours after the pre-op dose).
<b>Vascular</b>		
<b>Cefazolin 1 g (&lt;80 kg) or 2 g (≥80 kg)</b>	<b>Vancomycin 1 g</b> IV infused over 60-90 minutes within 120 minutes prior to incision, and then q12h, not to exceed 24 hours post-op. <i>Re-dose at 4 hours intra-op<sup>a</sup></i>	<b>Vancomycin 1 g</b> IV infused over 60-90 minutes within 120 minutes prior to incision, and then q12h, not to exceed 24 hours post-op. <i>Re-dose at 12 hours intra-op<sup>a</sup></i>

<sup>a</sup> Half-life prolonged in patients with renal failure

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The contents of this Handbook are approved and endorsed by the UHN Cardiovascular Subcommittee of the Pharmacy and Therapeutics Committee.

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This information in this Handbook is intended for use by and with experienced physicians and pharmacists. The information is not intended to replace sound professional judgment in individual situations, and should be used in conjunction with other reliable sources of information. Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about Cardiovascular illness and the treatments in question.

Due to the rapidly changing nature of cardiovascular treatments and therapies, users are advised to recheck the information contained herein with the original source before applying it to patient care.

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Your comments on the usefulness of the resources contained in the Handbook are welcomed and may be forwarded to Amita Woods, Department of Pharmacy Services ([amita.woods@uhn.ca](mailto:amita.woods@uhn.ca)).