

ANTIMICROBIAL USE IN PANCREATITIS

Mild Pancreatitis

- Antibiotics should not be prescribed unless there is suspicion of underlying infection (cholecystitis/cholangitis).
- Fever in the first 72 hours is not an indication for antibiotic treatment, unless there are positive blood cultures

Severe Acute Necrotising Pancreatitis (>30% necrosis on CT scan)

- Antibiotics should not be prescribed for prophylaxis
- When infection is suspected or confirmed (gas in collection on CT, clinical deterioration and rising inflammatory markers despite optimal supportive therapy, positive blood cultures) consider antibiotic treatment – Amoxicillin 1g tds IV + Metronidazole 500mg tds IV + Gentamicin IV ([see guidance](#))
- Seek advice from ID/Microbiology based on cultures or if patient deteriorates
- If penicillin allergy: [Vancomycin](#) IV + metronidazole 500mg tds IV + [gentamicin](#) IV.
- A referral to the Hepatobiliary Team should be placed.
- Recommended IVOST options: Co-trimoxazole 960mg BD + Metronidazole 400mg TDS
- Total duration of IV and oral therapy should be 7-10 days depending on clinical response.

Established Infected Pancreatic Necrosis/Infected peripancreatic collections

- Antibiotic management based on patient's clinical progress and positive blood cultures. Cultures from infected drain fluid should be used for future reference if patient deteriorates on first line antibiotics.
- Seek advice from ID/Microbiology accordingly.