GASTROINTESTINAL TREATMENT GUIDANCE

NHS Tayside

- **Always document the indication and planned duration for antibiotics in the medical notes and on medicine chart**
- **For unusual pathogens (e.g. VRE or ESBL) or discussion of complicated cases please email Tay.id@nhs.scot. Durations may be reviewed in these cases**
- **For OPAT referral please use referral guidance and email both Tay.id@nhs.scot and Tay.immohpat@nhs.scot**
- **There is NO MINIMUM duration for IV Antibiotics - they should be reviewed every 12 - 24hrs. IVOST at the earliest appropriate point in care**
- **Where possible consider switching to ORAL Metronidazole rather than IV Metronidazole as bioavailability is high for the oral agent (approx 99%)**

Indication	IV Antibiotic Treatment *(review need for IV antibiotics every 12-24 hours)*	Oral Antibiotic Treatment (IVOST criteria) based on cultures/sensitivities	Duration	Comments
Acute Cholangitis *Recommend biliary decompression and abdo ultrasound with MRCP.*	Amoxicillin 1g tds IV + metronidazole 500mg tds IV + gentamicin IV *(consider PO metronidazole where possible)* **If penicillin allergy**: Vancomycin IV + metronidazole 500mg tds IV + gentamicin IV *If severe renal impairment: substitute Aztreonam for gentamicin*	1st Line: co-trimoxazole 960mg bd + Metronidazole 400mg tds If patient cannot tolerate co-trimoxazole contact ID for further advice	Total duration of IV and oral therapy should be **5-7 days**	If awaiting imaging or drainage then continue IV Abx until scan or drain inserted. Send fluid for culture. Review need for IV antibiotics daily. IVOST as soon as oral route is available
Acute Cholecystitis *Assess patient for surgical intervention. Will need abdo ultrasound and MRCP*	Amoxicillin 1g tds IV + metronidazole 500mg tds IV + gentamicin IV *(consider PO metronidazole where possible)* **If penicillin allergy**: Vancomycin IV + metronidazole 500mg tds IV + gentamicin IV *If severe renal impairment: substitute Aztreonam for gentamicin*	1st Line: co-trimoxazole 960mg bd + Metronidazole 400mg tds If patient cannot tolerate co-trimoxazole contact ID for further advice	Total duration of IV and oral therapy should be **5-7 days**	If surgical intervention, continue IV abx until after lap cholecystectomy, then IVOST at earliest opportunity once oral route is available as per IVOST criteria
Infected Pancreatitis *Monitor patient for signs of sepsis.* *Mild disease **does not** require abx therapy*	Amoxicillin 1g tds IV + metronidazole 500mg tds IV + gentamicin IV *(consider PO metronidazole where possible)* **If penicillin allergy**: Vancomycin IV + metronidazole 500mg tds IV + gentamicin IV *If severe renal impairment: substitute Aztreonam for gentamicin*	1st Line: co-trimoxazole 960mg bd + Metronidazole 400mg tds If patient cannot tolerate co-trimoxazole contact ID/micro for further advice	Total duration of IV and oral therapy should be **7 days**	Surgical intervention may be required if signs of necrosis or development of pseudocyst.
Acute Appendicitis *Definitive treatment is surgical appendicectomy. Can be classified as complicated or uncomplicated*	**Uncomplicated Appendicitis with surgical intervention**: Prophylactic IV abx given prior to surgery only **Uncomplicated appendicitis with NO surgical intervention**: Treatment as per infected pancreatitis above. Review need for IV agents every 12-24 hours. **Complicated Appendicitis +/- surgical intervention**: Treatment as per infected pancreatitis above.	If uncomplicated appendicitis no need for any abx therapy post-op **If no surgical intervention or complicated appendicitis**: co-trimoxazole 960mg bd + Metronidazole 400mg tds	Total duration of IV and oral therapy should be **5-7 days**	If abscess is found then ultrasound guided drainage may be required. Send fluid sample for culture. In these patients durations of IV antibiotics may be increased.
Diverticulitis *Can be classified as mild or severe. If severe monitor for signs of sepsis*	**Mild Diverticulitis**: No need for IV abx therapy **Severe diverticulitis**: Treatment as per infected pancreatitis above. Review need for IV agents every 12-24 hours.	**Mild diverticulitis:** co-trimoxazole 960mg bd + Metronidazole 400mg tds **Severe diverticulitis**: co-trimoxazole 960mg bd + Metronidazole 400mg tds If patient cannot tolerate co-trimoxazole contact ID/micro for further advice	**Mild diverticulitis** oral abx duration **5 days.** Can be managed by GP in primary care. **Severe diverticulitis**: Total duration of IV and oral therapy should be **7 days**	Patients with severe diverticulitis should be assessed for surgical intervention as they are at risk of abscess, perforation or peritonitis. In these patients durations of IV antibiotics may be increased.

Developed by HKennedy and Surgical MDT: Mar 22 Reviewed by AMG: April 22

References:

1. NICE Guideline Pancreatitis 2018 . https://www.bsg.org.uk/wp-content/uploads/2019/12/NICE-Guideline-Pancreatitis-September-2018.pdf
2. British society of Gastroenterology: Gallstone disease. Management and Diagnosis
3. https://www.augis.org/Portals/0/Guidelines/Acute-Gallstones-Pathway-Final-Sept-2015.pdf?ver=8SLL3_E_X7VSx4gqyVYd6Q%3d%3d
4. https://www.bradspellberg.com/shorter-is-better
5. BMJ Best Practice: Acute Cholangitis. Dec 2021
6. BMJ Best Practice: Acute Cholecystitis. Feb 2022
7. BMJ Best Practice: Acute Pancreatitis. Mar 2020
8. BMJ Best Practice: Acute Appendicitis. Nov 2021
9. BMJ Best practice: Diverticular Disease. Jan 2022
10. American College of Gastroenterology Guideline: Management of Acute Pancreatitis. Sep 2013
11. https://www.asge.org/docs/default-source/default-document-library/piis0016510720351117.pdf?sfvrsn=bad7c25d_1
12. https://www.gastrojournal.org/article/S0016-5085(15)01432-8/pdf