

# Alternative Antibiotic Options for Shortage of IV PIPERACILLIN/TAZOBACTAM

- Notes:**
- Empirical treatment of infections please follow guidance on [Hospital Antibiotic Adult](#) or [Antibiotic Website](#)
  - DO NOT initiate Piperacillin/tazobactam for infections other than those listed below without prior ID/Microbiology recommendation.
  - Please ensure all appropriate microbiological investigations (including blood cultures) have been performed, **review current & previous microbiology results**
  - **Gentamicin is the gram negative antibiotic of choice when eGFR is >20ml/min. In stable and previously healthy patients consider seeking ID/Micro advice for further dose of gentamicin in periods of [aztreonam](#) or Piperacillin/tazobactam shortages.**
  - Review need for IV antibiotics daily – follow switch criteria on [IVOST guidance](#)

Guidance	Indication for IV Piperacillin/tazobactam	Alternative if no IV Piperacillin/tazobactam available
<a href="#">Neutropenic Sepsis</a>	1 <sup>st</sup> line for standard risk and high risk patients	Follow penicillin allergy options. Can substitute ceftazidime for <a href="#">aztreonam</a> if no aztreonam available and consider ceftazidime instead of ciprofloxacin if recent ciprofloxacin prophylaxis but check severity of any penicillin allergy.
<a href="#">Treatment of SBP</a>	Proven severe Spontaneous Bacterial Peritonitis	<b>USE ORAL CO-TRIMOXAZOLE IF POSSIBLE – very good bioavailability</b> If IV required – IV cotrimoxazole If IV cotrimoxazole is contraindicated or no IV stock available - <a href="#">IV aztreonam</a> + vancomycin (if history of anaphylaxis or angiodema with penicillin then replace aztreonam with <a href="#">ciprofloxacin: refer to Fluoroquinolones Warnings document</a> ) Do not use temocillin due to increased risk of resistance
<a href="#">Adult CF guidance</a> or <a href="#">Bronchiectasis</a>	Exacerbation of CF or Bronchiectasis	Use alternatives in line with sensitivities or discuss with ID/Microbiology
<a href="#">Cellulitis</a>	Fournier's gangrene	Follow cellulitis guidance for severe sepsis and/or necrotising fasciitis
<a href="#">Vascular Infection Guidance</a>	Severe surgical wound infection Diabetic Foot Infection	Follow penicillin allergy options Follow updated <a href="#">DFU guidance</a> or discuss with ID
<a href="#">ICU guidance</a>	2 <sup>nd</sup> line options in ICU patients being treated for severe CAP/HAP/VAP /Intra-abdominal sepsis	Follow penicillin allergy options or discuss with Microbiology
<a href="#">Maternal sepsis</a>	Severe maternal sepsis or septic shock	Follow penicillin allergy options or discuss with Microbiology
<a href="#">ENT Guidance</a>	Skull base osteomyelitis	IV ceftazidime 2g tds or oral <a href="#">ciprofloxacin: refer to Fluoroquinolones Warnings document</a> as per ENT guidance Or as per sensitivities and discuss with ID/Microbiology