



SCIP—Outpatient Prophylactic Antibiotic Recommendations

Surgical Procedure	Approved Antibiotics	Antibiotics for β -lactam Allergy
Cardiac (Pacemakers or AICDs) or Vascular	Cefazolin; OR Cefuroxime; OR Vancomycin*	Vancomycin; OR Clindamycin
Orthopedic/Podiatry	Cefazolin; OR Cefuroxime; OR Vancomycin*	Vancomycin; OR Clindamycin
Genitourinary Prostate Biopsy††	Quinolone‡; OR Sulfamethoxazole/Trimethoprim OR 1st Generation cephalosporin OR 2nd Generation cephalosporin OR 3rd Generation cephalosporin OR Aminoglycoside; OR Aztreonam	
Genitourinary Penile Prosthesis - Insertion, Removal, Revision	Ampicillin/Sulbactam; OR Ticarcillin/Clavulanate OR Piperacillin/Tazobactam OR Aminoglycoside + 1st Generation cephalosporin OR Aminoglycoside + 2nd Generation cephalosporin OR Aminoglycoside + Vancomycin OR Aminoglycoside + Clindamycin OR Aztreonam + 1st Generation cephalosporin OR Aztreonam + 2nd Generation cephalosporin OR Aztreonam + Vancomycin; OR Aztreonam + Clindamycin	
Gastric/Biliary PEG Placement	Cefazolin; OR Cefuroxime; OR Cefoxitin; OR Cefotetan OR Ampicillin/Sulbactam OR Cefazolin + Metronidazole; OR Cefuroxime + Metronidazole OR Vancomycin*	Clindamycin \pm Aminoglycoside OR Clindamycin \pm Quinolone OR Vancomycin \pm Aminoglycoside OR Vancomycin \pm Quinolone
Gynecological Laparoscopically- assisted Hysterectomy, Vaginal Hysterectomy	Cefazolin OR Cefuroxime OR Cefoxitin OR Cefotetan OR Ampicillin/Sulbactam	Metronidazole + Aminoglycoside OR Metronidazole + Quinolone OR Clindamycin + Aminoglycoside OR Clindamycin + Aztreonam OR Clindamycin + Quinolone OR Vancomycin + Aminoglycoside OR Vancomycin + Aztreonam OR Vancomycin + Quinolone
Gynecological Pubovaginal Sling	1st Generation cephalosporin OR 2nd Generation cephalosporin OR Ampicillin/Sulbactam OR Quinolone‡ OR Aminoglycoside + Clindamycin OR Aminoglycoside + Metronidazole OR Aztreonam + Clindamycin OR Aztreonam + Metronidazole	
Head and Neck	Cefazolin; OR Cefuroxime OR Ampicillin/Sulbactam OR Clindamycin \pm Aminoglycoside OR Vancomycin*	
Neurological	Cefazolin; OR Cefuroxime; OR Vancomycin*; OR Clindamycin	

*Vancomycin is acceptable with a physician/APN/PA/pharmacist documented justification for its use (see data element Vancomycin). Documentation by an infection control practitioner is also acceptable if it is specifically designated as "infection control" documentation.

†The only operations for which oral antibiotics alone are acceptable are the Prostate biopsy and Pubovaginal sling.

††The only operations for which intramuscular antibiotics alone are acceptable are the Prostate biopsy procedures

Source: Hospital OQR Specifications Manual for discharges 01/01/14 (1Q14) - 09/30/14 (3Q14).