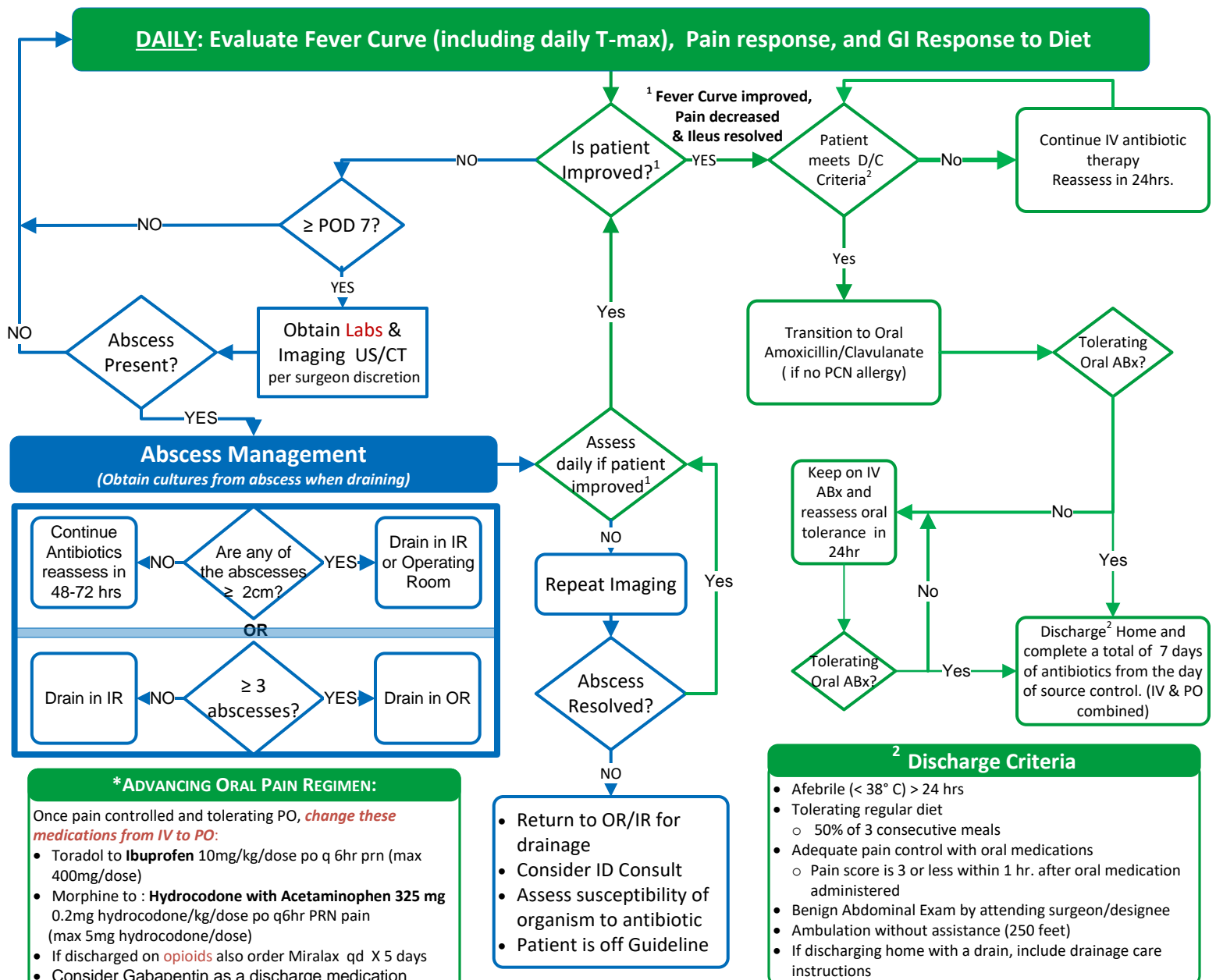


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**2B: Focal perforation** – hole clearly in the appendix, focal collection of pus in the right gutter or pelvis, small perf created during extraction, etc.

**2C: Gross contamination** - purulence throughout abdomen/pelvis, fecal contamination, grossly perforated. Pus outside of RLQ. Diffuse peritonitis. Floating fecalith.

Initial Post-Operative Management				
Antibiotic Therapy	Antibiotic Step Up Therapy	Nutrition/GI	Pain Control*	Activity/Consults
<p>See table on page 2 for dosing schedule:</p> <ul style="list-style-type: none"> <li>• <b>Ceftriaxone</b></li> <li>• <b>Metronidazole</b></li> </ul> <p><b>IF PCN ALLERGY USE: Ciprofloxacin &amp; Metronidazole</b></p>	<ul style="list-style-type: none"> <li>• 72 hours post op if febrile, vomiting, poor PO intake <b>D/C Ceftriaxone &amp; Metronidazole</b></li> <li>• <b>Start Zosyn</b> unless patient had a PCN allergy (See table on page 2 for dosing schedule)</li> </ul>	<p><b>(NG Not Recommended)</b></p> <ul style="list-style-type: none"> <li>• Clears and advance as tolerated</li> <li>• When tolerating regular diet and if no stool for 24 hours, consider starting <b>Miralax</b> (max 17gm PO) (see dosing on page 2)</li> <li>• Advance to oral pain medications* once tolerating regular diet</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Acetaminophen:</b> 10mg/kg/dose PO q4hr (max 500mg) for pain</li> <li>• <b>Toradol:</b> 0.5mg/kg/dose IV q6hrs (max 30 mg/dose) Max 20 doses</li> <li>• <b>Morphine:</b> 0.1mg/kg/dose IV q3hr PRN pain if acetaminophen or toradol is not effective (max 5mg/dose)</li> <li>• <b>Gabapentin:</b> 10mg/kg/dose PO TID (max 300mg)</li> </ul>	<p><b>(Routine Labs NOT Recommended)</b></p> <ul style="list-style-type: none"> <li>• OOB on day of surgery</li> <li>• Consult Child Life</li> <li>• Consult PT as needed</li> <li>• Consult Nutrition as needed</li> <li>• Avoid placing foley; if used in surgery remove on POD 1</li> </ul>



# Complicated Appendicitis (2B & 2C): Post Operative Management Clinical Practice Guideline

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## Empiric IV Therapy for Appendicitis

Empiric IV Treatment			
Indication	Antibiotics	Dose & Schedule	Max Single Dose
Complicated Appendicitis (CA)	Ceftriaxone And Metronidazole	75mg/kg q 24h IV	2000mg
		30 mg/kg q 24h IV	1500mg
Complicated Appendicitis with severe penicillin allergy <sup>1</sup>	Ciprofloxacin And Metronidazole	15 mg/kg q 12hr IV	400mg
		30 mg/kg q 24h IV	1500mg
Complicated Appendicitis <b>Step UP Therapy</b>			
Complicated Appendicitis	Piperacillin/tazobactam <sup>2</sup>	100mg/kg q8h IV	4000mg

<sup>1</sup>Type 1 allergy defined by urticaria or anaphylaxis

<sup>2</sup>Metronidazole does not need to be added to a regimen with piperacillin/tazobactam since anaerobic coverage is adequate with piperacillin/tazobactam

PO Stepdown Therapy			
Indication	Antibiotic	Dose & Schedule	Max Single Dose
Complicated Appendicitis (CA)	Amoxicillin/Clavulanate Liquid 400mg/5mg for <40kg	45/mg/kg/day divided BID	875 mg
	Amoxicillin/Clavulanate Tablet (875mg) for >40kg	1 tablet BID	875mg
Complicated Appendicitis (CA) with Severe PCN Allergy	Ciprofloxacin	15mg/kg q 12h po	500mg
	And Metronidazole	10mg/kg q 8h po	500mg

### MIRALAX DOSING

When tolerating regular diet and if no stool for 24 hours, consider starting Miralax (max 17 gm PO) AND If discharged on opioids also order Miralax qd X 5 days

- Age 1-5 years 4.25 grams (1/4 capful)
- Age 6-11 years 8.5 grams (1/2 capful)
- Age 12 and up 17 grams (1 whole capful)