

St. Josephs Health

Antibiotic Recommendations for the Empiric Treatment of Colitis

	Infectious Diarrhea <sup>1,2</sup>	Inflammatory Colitis <sup>3-12</sup>	Ischemic Colitis <sup>13-15</sup>
<b>Diagnostic Testing</b>	Enteric Pathogen by PCR <i>C.difficile</i> toxin PCR (negative)	CT scan Colonoscopy	CT scan Colonoscopy
<b>Indication for Empiric Antibiotic Treatment</b>	<p><b>Immunocompetent adults, empiric antimicrobial therapy is not recommended</b></p> <p>Exception: Traveler’s diarrhea or bloody diarrhea and fever ≥ 101°F with severe illness.</p>	<p><b>Ulcerative colitis/Crohn’s disease: Not recommended unless suspected extraluminal complications or systemic signs of toxicity</b></p> <p>Antibiotics (ciprofloxacin) are indicated in the outpatient setting in combination with infliximab or adalimumab to improve fistula closures and to decrease fistula drainage</p>	<p><b>Patients with Moderate or Severe disease should receive antibiotics</b></p> <p><b>Moderate disease</b> (classified as having up to 3 risk factors):</p> <ul style="list-style-type: none"> <li>• Male sex</li> <li>• SBP &lt; 90 mmHg</li> <li>• HR &gt;100 beat/min</li> <li>• Abdominal pain without rectal bleeding</li> <li>• BUN &gt; 20</li> <li>• Hemoglobin &lt;12 g/dL</li> <li>• LDH &gt;350 U/L</li> <li>• Serum Na &lt;136 mmol/L</li> <li>• WBC &gt;15,000 per uL</li> <li>• Colonoscopically identified mucosal ulceration</li> </ul> <p><b>Severe Disease</b></p> <ul style="list-style-type: none"> <li>• Peritoneal signs</li> <li>• Pneumatosis on CT</li> <li>• Gangrene on colonoscopy</li> <li>• Pancolonic or isolated right colon ischemia</li> <li>• More than 3 risk factors above</li> </ul>
<b>Empiric Treatment</b>	Azithromycin 1 po x 1	No antibiotics are recommended	<p>Ceftriaxone 1g IV q 24h + Metronidazole 500mg IV q 12h</p> <p>Duration: continued for at least 3 days, if improved after 72 hours continue for 7 days</p>

## References

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