

EMPIRIC CHOICE

- ✦ Ceftriaxone 1g IV daily

DURATION

- ✦ 3 days

ALTERNATIVES FOR ALLERGIES

- ✦ Ertapenem 1g IV daily

TOP FIVE ORGANISMS (what we expect for common organisms)

- ✦ Enterobacteriaceae (responsible for ~80% of infections)

CURRENT RESISTANCE ISSUES

- ✦ Many patients have been exposed to fluoroquinolones, and so there is a significant risk of quinolone-resistant enterobacteriaceae in such patients.

ADDITIONAL DIAGNOSTIC AND THERAPEUTIC COMMENTS

- ✦ Although not definitive, the burden of evidence demonstrates a benefit of antibiotic prophylaxis in upper GI bleeding in patients with cirrhosis (and presumed variceal bleeding). However, the benefit is seen in all patients with cirrhosis, regardless of the presence or absence of ascites.
- ✦ Antibiotic prophylaxis appears to reduce bacteremia, pneumonia, SBP and urinary tract infections in this setting.
- ✦ Many references recommend 2 g of ceftriaxone. The evidence does not support the need for this.

References:

Garcia-Tsao G, Sanyal AJ, Grace ND, Carey W. Prevention and management of gastroesophageal varices and variceal hemorrhage in cirrhosis. *Hepatology*. 2007;**46**(3):922-38.

Chavez-Tapia NC, Barrientos-Gutierrez T, Tellez-Avila F, Soares-Weiser K, Mendez-Sanchez N, Gluud C, et al. Meta-analysis: antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding - an updated Cochrane review. *Aliment Pharmacol Ther*. 2011.