

Acute Uncomplicated Diverticulitis

Empiric Therapy	Duration
<p>Uncomplicated infection: No abscess, perforation, severe sepsis/shock</p> <ul style="list-style-type: none"> ● If no fever or leukocytosis, immunocompetent, CT findings with acute uncomplicated diverticulitis, observe without antibiotics ● Patients not meeting above criteria for observation: <ul style="list-style-type: none"> ○ 1st line: <ul style="list-style-type: none"> ■ Ceftriaxone 2g IV q24h + Metronidazole 500mg PO/IV q8h ○ High risk allergies to beta-lactams (please review beta-lactam allergy guideline and/or discuss with antibiotic stewardship team) <ul style="list-style-type: none"> ■ Levofloxacin 750 mg PO/IV q24 + Metronidazole 500mg PO/IV q8h <p>Step-down oral therapy: once tolerating PO agents and organisms (if available) are not resistant</p> <ul style="list-style-type: none"> ● Amoxicillin-clavulanic acid 875mg/125mg PO BID ● Cefuroxime 500mg PO BID + Metronidazole 500mg PO TID <p>High risk allergies to beta-lactams (please review beta-lactam allergy guideline and/or discuss with antibiotic stewardship team)</p> <ul style="list-style-type: none"> ● Levofloxacin 750 mg PO q24 + Metronidazole 500mg PO TID 	<p>If patient is a candidate for antibiotic therapy: total 4-7 days</p> <p>*Fluoroquinolones are not preferred unless patient has a h/o <i>Pseudomonas</i> or severe allergies. Only 71% of <i>E.coli</i> identified at Memorial are fluoroquinolone sensitive</p>