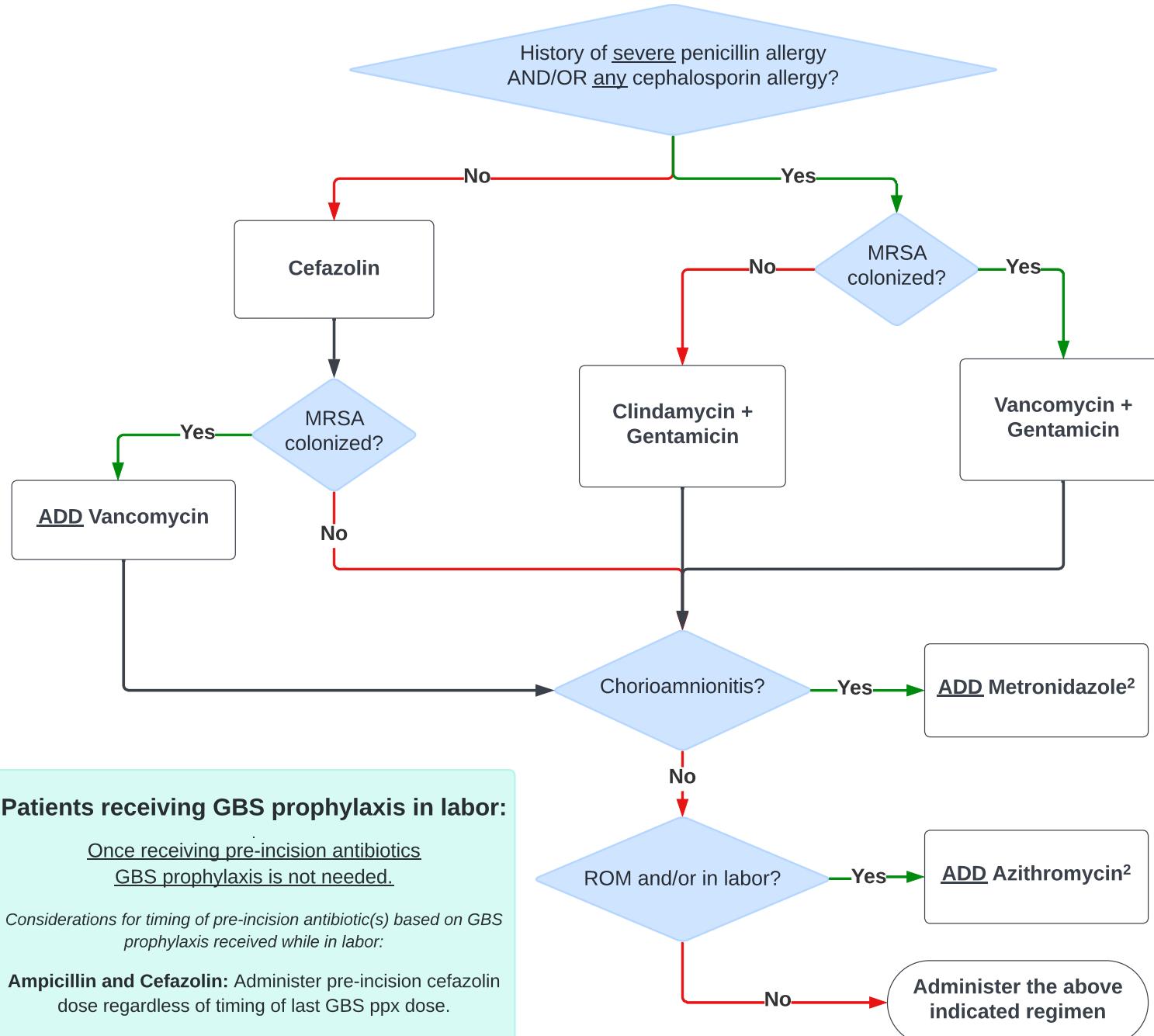


Pre-Incision Antibiotics for Cesarean Delivery Algorithm

For **scheduled cases**, antibiotics administered via a bolus should be administered prior to skin incision, and antibiotics administered via an infusion should be initiated (and ideally completed) prior to skin incision. For **urgent/emergent cases**, administer antibiotics as soon as is safe to do so in the course of clinical care.



Antibiotic Dosing		Infusion Time
Azithromycin	500 mg IV	60 min
Cefazolin	< 120 kg: 2 g IV ≥ 120 kg: 3 g IV	3 – 5 min
Clindamycin	900 mg IV	30 min
Gentamicin	< 120 kg: 160 mg IV ≥ 120 kg: 240 mg IV	30 min
Metronidazole	500 mg IV	30 min
Vancomycin	< 80 kg: 1 g IV 80 – 99 kg: 1.25 g IV 100 – 119 kg: 1.5 g IV ≥ 120 kg: 2 g IV	60 min/ 1 g

Antibiotic Redosing

REDOSE cefazolin q4h intra-op or if QBL > 1500 mL
REDOSE clindamycin q6h intra-op or if QBL > 1500 mL
REDOSE antibiotics if due for chorio treatment while intra-op
Azithromycin, metronidazole, and vancomycin (for pre-incision ppx) do NOT require redosing



Link to Redcap Decision Support Tool

Footnotes

¹ Cephalosporins can safely be used in patients with an allergic reaction to penicillins that is not an IgE-mediated reaction (e.g., anaphylaxis, urticaria, bronchospasm) or exfoliative dermatitis (Stevens-Johnson syndrome, toxic epidermal necrolysis).

² Azithromycin is not indicated if metronidazole is administered for chorioamnionitis.