

Antibiotic Recommendations From American Academy of Orthopedics Surgeons (AAOS) for prophylaxis against Joint Infection.

| Procedure | Antimicrobial Agent | Dose | Timing | Duration |
|--|---|--|---|---|
| Dental | Cephalexin, cephradine, or amoxicillin | 2 gm PO | 60 min. prior to procedure | Discontinued within 24 hours of the procedure. For most outpatient/office-based procedures a single pre-procedure dose is sufficient. |
| Ophthalmic | Gentamicin, tobramycin, ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, ofloxacin, or meomycin-gramicidin-polymyxin B, cefazolin | Multiple drops topically over 2 to 24 hours or 100 mg sub-conjunctivally | Consult ophthalmologist or pharmacist for dosing regimen | |
| Orthopaedic† | Cefazolin Cefuroxime OR Vancomycin | 1-2 g IV 1.5 g IV 1 g IV | Begin dose 60 min. prior to procedure | |
| Vascular | Cefazolin OR Vancomycin | 1-2 g IV 1 g IV | Begin dose 60 min. prior to procedure | |
| Gastrointestinal Esophageal, gastroduodenal Biliary tract Colorectal | Cefazolin Cefazolin Neomycin + erythromycin base (oral) OR metronidazole (oral) | 1-2 g IV 1-2 g IV 1 g 1 g | Begin dose 60 min. prior to procedure Dependent on time of procedure, consult with GI physician/pharmacist | |
| Head and neck | Clindamycin + gentamicin OR cefazolin | 600-900 mg IV 1.5 mg/kg IV 1-2 g IV | Begin dose 60 min. prior to procedure | |
| Obstetric and gynecological | Cefoxitin, cefazolin Ampicillin/sulbactam | 1-2 g IV 3 g IV | Begin dose 60 min. prior to procedure | |
| Genitourinary | Ciprofloxacin | 500 mg PO or 400 mg IV | 60 min. prior to procedure | |