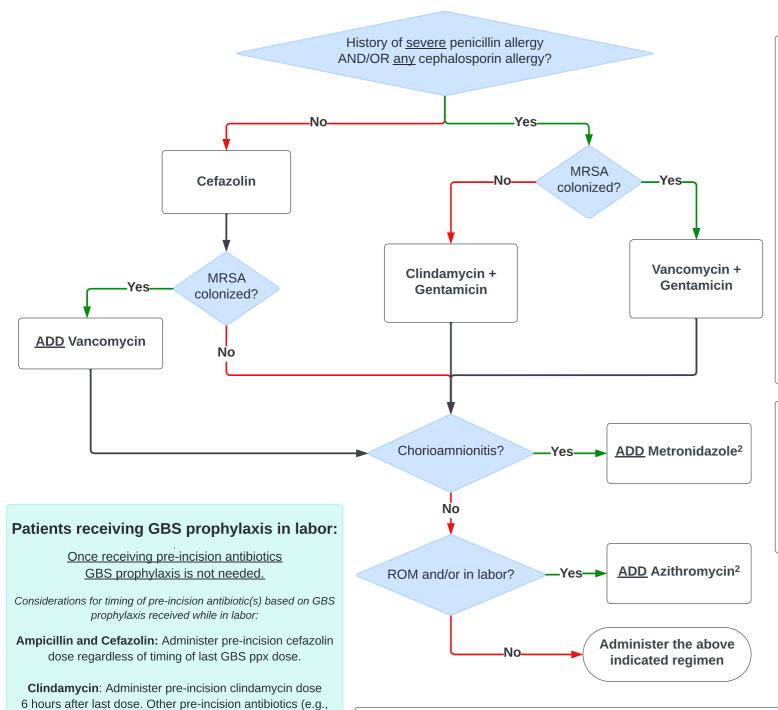
## **Pre-Incision Antibiotics for Cesarean Delivery Algorithm**



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.

Children's Health



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: 240 mg IV ≥ 120 kg: 360 mg IV	30 min
Metronidazole	500 mg IV	30 min
Vancomycin	< 80 kg: 1 g IV 80 – 99 kg: 1.25 g IV 100 – 199 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

gentamicin) can be administered regardless of timing of last

GBS ppx dose.

Vancomycin: Administer pre-incision antibiotics regardless of

timing of last GBS ppx dose.

- <sup>1</sup> 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).
- <sup>2</sup> Azithromycin is not indicated if metronidazole is administered for chorioamnionitis.

Last Updated 2/25/25, T.Ng, N.Aziz, K.Fedoruk, G.Abir, D.Lyell, Y.El-Sayed, L.Puckett