

Q4 WHAT ADJUSTMENTS SHOULD BE MADE FOR THE ANTIBIOTICS?

- A. Continue ceftazidime and discontinue vancomycin
- B. Discontinue both ceftazidime and vancomycin, and start IP cefepime
- C. Discontinue both ceftazidime and vancomycin, and start IV cefepime
- D. Continue ceftazidime, discontinue vancomycin, and start oral ciprofloxacin

The correct answer is D.

*Pseudomonas peritonitis* is often severe and associated with less than 50% complete cure rate. For this reason, the ISPD recommends two antibiotics with different mechanisms of action.

In addition to IP ceftazidime (or IP cefepime), an IP aminoglycoside (such as gentamicin or tobramycin), or oral ciprofloxacin can be used.

Note: most organisms do NOT need two antibiotics. However, another organism that does is *Stenotrophomonas* which will require two agents, one of which should be trimethoprim/sulfamethoxazole.

Further reading:

<https://journals.sagepub.com/doi/epub/10.1177/08968608221080586>