HOSPITAL ADULT EMPIRICAL TREATMENT OF INFECTION GUIDELINES

ALWAYS DOCUMENT INDICATION & DURATION IN NOTES AND MEDICINE CHART

REVIEW ANTIBIOTIC THERAPY DAILY - CAN YOU STOP? SWITCH? SIMPLIFY? STATE DURATION?

INDICATIONS FOR IV USE: Review IV therapy every 12-24 hours – see IVOST guideline
- 2 or more criteria as above out with range (temperature, respiratory rate, pulse, WCC)
- Febrile with neutropenia or immunosuppression
- Specific infections e.g. endocarditis, septic arthritis, abscess, meningitis, osteomyelitis
- Oral route compromised
- Post surgery – unable to tolerate 1 litre of oral fluids
- No oral formulation available

ANTIBIOTIC DOSES (UNLESS OTHERWISE STATED)
NOTE: ALL DOSES ASSUME NORMAL RENAL AND HEPATIC FUNCTION

ANTIBIOTIC DOSE
- Oral
- IV

Amoxicillin
- 1g tds
- 1g tds

Co-trimoxazole
- 960mg bd
- 960mg bd

Co-amoxiclav
- 625mg tds
- 1.2g tds

Clarithromycin
- 500mg bd
- 500mg bd

Metronidazole
- 400mg tds
- 500mg tds

Flucloxacillin
- 1g qds
- 1-2g qds

*Consider risk of prolonged QT interval and interactions e.g. statins

MICRO MAN: FOR ANTIBIOTIC ‘RULES OF THUMB’ AND BASIC MICROBIOLOGY INFORMATION ON COMMON INFECTIONS

GENTAMICIN: IF IV THERAPY IS STILL INDICATED AFTER 72 HOURS OF GENTAMICIN (OR >24 HOURS IF POOR/DETERIORATING RENAL FUNCTION)

AZTREONAM: FOR CERTAIN PATIENTS ONLY AS ALTERNATIVE TO GENTAMICIN – REFER TO GUIDANCE

PENDICILLIN ALLERGY: TAKE ACCURATE HISTORY AND REFER TO GUIDANCE

ANTIMICROBIAL MANAGEMENT GROUP

Approved: June 2016  Review: June 2018

Format adapted from St Mary’s NHS Trust

ANTIMICROBIAL PHARMACISTS: DO NOT USE URINALYSIS. DO NOT TREAT UNLESS CLINICAL SIGNS/SYMPTOMS OF INFECTION. IF DEFINITE INFECTION TREAT AS PER GUIDANCE BELOW.

ACUTE GASTROENTERITIS
- No antibiotic treatment required. Seek advice if severe.

ACUTE PANCREATITIS
- Antibiotics unlikely to affect outcome. Seek advice.

PROVEN SPONTANEOUS BACTERIAL PERITONITIS (5 - 7 days)
- Severe disease: Piperacillin/Tazobactam IV 4.5g tds then step down to Co-trimoxazole PO
- Mild disease ( incidental diagnosis on routine tap): Co-trimoxazole PO

CATHETERISED PATIENTS: DO NOT USE URINALYSIS. DO NOT TREAT UNLESS CLINICAL SIGNS/SYMPTOMS OF INFECTION. IF DEFINITE INFECTION TREAT AS PER COMPLICATED UTI.

UTI IN OLDER ADULTS: DO NOT USE URINALYSIS. DO NOT TREAT UNLESS CLINICAL SIGNS/SYMPTOMS OF INFECTION. IF DEFINITE INFECTION TREAT AS PER GUIDANCE BELOW.

UNCOMPPLICATED FEMALE LOWER UTI
- Nitrofurantoin 50mg qds or 100mg MR bd or Trimethoprim 200mg bd (3 days)
- IV Amoxicillin + Metronidazole (if penicillin allergic IV Vancomycin + Metronidazole)

UNCATHERISED MALE UTI
- Nitrofurantoin 50mg qds or 100mg MR bd or Trimethoprim 200mg bd (7 days)
- IV Amoxicillin + Gentamicin (if penicillin allergic IV Co-trimoxazole + Gentamicin)

COMPLICATED UTI/PYELONEPHRITIS/URESOPHIS
- Step down to PO Co-trimoxazole or as per sensitivities
- TOTAL IV/PO 7 days (separate guidance if prostatis suspected or proven)

CELLULITIS Refer to full guidance to assess severity TOTAL IV/PO 7 days
- Fluclaxocillin 1g qds (If penicillin allergic: Doxycycline 100mg bd PO)
- If history of MRSA or not responding: see MRSA guideline

ACUTE SEPTIC ARTHRITIS/OSTEOMYELITIS (seek ID advice)
- IV Flucloxacillin 2g qds

DIABETIC FOOT INFECTION (7 days)
- Refer to guidance to assess severity and if antibiotics in last month
- Mild: Fluclaxocillin 1g qds or Doxycycline 100mg bd
- Moderate: Fluclaxocillin 1g qds or Doxycycline 100mg bd + Metronidazole 400mg tds
- Open fracture Prophyaxis (including hand injuries)
- IV Co-amoxiclav 1.2g qds (or IV Co-trimoxazole 960mg bd + Metronidazole 500mg tds) Start within 3 hours for max 72 hours

UNKNOWN SOURCE

IV Amoxicillin + Metronidazole + Gentamicin (consider adding Fluclaxocillin/Vancomycin if concern re staphylococci)
Penicillin allergic: IV Vancomycin + Metronidazole + Gentamicin
Neutropenic patients: refer to guidance

ADVICE: Infectious Diseases: Tay-UHB.id@nhs.net or bleep 5075  Microbiology: bleep 4039 (5315 for PRI)
Antimicrobial Pharmacists: Tay-UHB.antibioticcpm@nhs.net or bleep 4732