**DEFINITION OF SEPSIS:** Clinical symptoms of infection (fever, sweats, chills or rigors, malaise) + 2 or more of the following;
- Temperature >38°C or <36°C
- Tachycardia HR >90 bpm
- Tachypnoea RR >20/min
- WCC <4 or >12
- Specific infections e.g. endocarditis, septic arthritis, abscess, meningitis, osteomyelitis

**INDICATIONS FOR IV USE:**
- See IVOST guideline – review IV therapy every 12-24 hours
- Normal duration of gentamicin therapy should not exceed 2-3 days
- Needs ID or Micro authorisation to continue for >72 hours (or >24 hours if poor/deteriorating renal function)

**GENTAMICIN:**
- Oral: Amoxicillin 500mg – 1g tds
- Co-amoxiclav 625mg tds
- Clarithromycin 500mg bd
- Gentamicin n/a
- Vancomycin only for C. difficile
- Metronidazole 400mg tds
- Flucloxacillin 1g qds
- Clindamycin 300-450mg tds
- Benzylenicillin n/a

**DOSE (unless stated):**
- **ORAL**
  - Amoxicillin 1g tds
  - Co-amoxiclav 1.2g qds
  - Clarithromycin 500mg bd
  - Gentamicin n/a
  - Vancomycin 1g
  - Metronidazole 1g
  - Flucloxacillin 1g qds
  - Benzylenicillin 1g

**DOSE (unless stated):**
- **IV**
  - Amoxicillin 1g tds
  - Co-amoxiclav 1.2g tds
  - Clarithromycin 500mg bd
  - Gentamicin n/a
  - Vancomycin 1g
  - Metronidazole 1g
  - Flucloxacillin 1g qds
  - Benzylenicillin 1g

**HOSPITAL ACQUIRED PNEUMONIA OR ASPIRATION PNEUMONIA**
- Severe: IV Amoxicillin + Metronidazole + Gentamicin
- Non severe: Amoxicillin + Metronidazole for 7 days
- Previous ICU admission or history of MRSA – seek advice

**ACUTE PNEUMONIA**
- Indolent (Subacute): Ceftriaxone IV 2g bd
- Suspected MRSA/Prosthetic Valve: Ceftriaxone IV 2g bd + Gentamicin IV

**CNS:**
- Meningitis: Ceftriaxone IV 2g bd
- +/- Dexamethasone IV 0.15mg/kg qds started with or just before first dose of antibiotics (see protocol)
- Add Axiclofiv IV (10mg/kg tds) if encephalitis suspected
- Add Amoxicillin IV 2g qds if > 50 years

**ENT:**
- Acute Otitis Media: Amoxicillin
- Acute Sinusitis Epiglottitis: Penicillin V
- Chronic: Doxycline Ceftriaxone IV 2g od

**COMMUNITY ACQUIRED PNEUMONIA**
- (see CAP pathway)
- **Assess CURB65 score**
  - 0-2 Mild/Moderate: Amoxicillin 1g tds IV/PO (Doxycycline if pen allergic) 7 days
  - 3-5 Severe: Co-amoxiclav IV + Clarithromycin IV or Doxycycline PO
  (If penicillin allergic IV Levofloxacin)
  - Step down to Doxycycline 100mg bd for all severe CAP
  - Total IV/PO 10 days

**LUNG:**
- *Acute Exacerbation of COPD*
  - Give antibiotics if sputum purulence. If no sputum purulence then antibiotics not needed unless consolidation on CXR or signs of pneumonia.
  - 1st Line Amoxicillin 500mg qds 2nd Line Doxycycline 200mg on day 1 then 100mg daily (5 days)

**HEART:**
- Endocarditis:
  - Start empirical therapy and refer to ID/Microbiology
  - Gentamicin dose 1mg/kg tds modified according to renal function and levels – note: this dose is for endocarditis only

**GI:**
- CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHOEA (see protocol)
  - (refer to C diff protocol to assess severity)
  - Non severe: Metronidazole PO 400mg tds (10 days)
  - Severe: Vancomycin 125mg qds PO/NG (14 days)
  - +/- IV Metronidazole

**GU:**
- CATHETERISED PATIENTS: DO NOT TREAT UNLESS CLINICAL SIGNS/SYMPTOMS OF INFECTION. IF DEFINITE INFECTION TREAT AS PER COMPLICATED UTI.
- **FEMALE LOWER UTI**
  - Trimethoprim 200mg bd for 3 days
- **UNCATHETERISED MALE UTI**
  - Trimethoprim PO 200mg bd for 14 days

**BONE/ SKIN:**
- Cellulitis (see full guideline to assess severity)
  - IV Flucloxacillin 1g qds (7-14 days)
- Peritonitis/Biliary Tract/Intra-Abdominal (Total IV/PO 7-10 days)
  - IV: Amoxicillin + Metronidazole + Gentamicin
  - Then step down to PO Co-trimoxazole 960mg BD
  - (If penicillin allergic IV Vancomycin + Metronidazole + Gentamicin then seek advice for oral switch)

**UNKOWN SOURCE:**
- IV Amoxicillin + Metronidazole + Gentamicin (consider adding Flucloxacillin/Vancomycin if concern re staphylococci)
- Penicillin allergy: IV Vancomycin + Metronidazole + Gentamicin

**ADVICE:**
- Infectious Diseases: bleep 5075
- Clinical Pharmacist: bleep number on ward
- Microbiology: bleep 4039 (5315 for PRI)
- Antibiotic Pharmacist: bleep 4732

**ANTIMICROBIAL MANAGEMENT GROUP**
- Approved: April 2010 Review: April 2011

**STOP AND THINK BEFORE YOU GIVE ANTIBIOTIC THERAPY. ALWAYS DOCUMENT INDICATION IN MEDICAL NOTES. REVIEW ANTIBIOTIC THERAPY DAILY – can you: STOP? SWITCH? SIMPLIFY? or STATE DURATION?**