CNS INFECTION GUIDANCE in ADULTS



Guidance applies to non pregnant adult patients only
All doses assume normal renal and hepatic function
TREATMENT SHOULD ALWAYS BE ADJUSTED ACCORDING TO MICROBIOLOGY SENSITIVITY RESULTS

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VENTRICUITIS AND MENINGTIS - SHUNT ASSOCIATED OR POST OPERATIVE Pseudonomas spp + other gram negative bacteria // cettaiclime 2g 8 hourly + other gram negative bacteria Shunt may require to be removed. Ref: IDSA Guidance 2017 # other gram negative bacteria // cettaiclime 2g 8 hourly + other gram negative bacteria Shunt may require to be removed. Intraventricular* vancomycin (20mg daily clamped for 1 hour) may be recommended by ID/Micro If patient has an EVD im place or responds poorly to systemic therapy alone. D/w pharmacis taasp, minimum depending on CSF cultures and clinical condition MENINGTIS - POST TRAUMA pneumococcus Neemophius impluenze streptococci anaerobes IV cettaiclime 2g 12 hourly + V metronidazole 500mg tds streptococci anaerobes IV cettraixone 2g 12 hourly + V metronidazole 500mg tds streptococci anaerobes IV cettraixone 2g 12 hourly + V metronidazole 500mg tds streptococci anaerobes Add IV fluctoxacillin 2g qds if staphylococcal infection suspected IV sectraixone 2g 12 hourly + V metronidazole 500mg 8 hourly Duration: minimum 4 weeks Add IV fluctoxacillin 2g qds if staphylococcal infection suspected IV sectraixone 2g 12 hourly + V metronidazole 500mg 8 hourly Duration: minimum 4 weeks Perform CT Scan prior to lumbar puncture if clinical condition V suspected (aim for predose level 15-20mg/L) VIRAL ENCEPHALITIS Ref: BIA Guidance 2012 Herpes simplek (INSV) Other viruses IV active then contine treatment as for Adjust dose in renal impairment seg <u>SPC</u> For obese patients use adjusted body weight* 14 days IV treatment, then repeat LP. 12 days If immunocompromised, then repeat LP. 14 days IV meatoment and	INFECTION	PATHOGEN (S)	EMPIRICAL TREATMENT	COMMENTS
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Ref: British Infection Association Guideline on diagnosis and management of acute meningitis and meningococcal sepsis inHerpes simplex (HSV) varicella zoster (VZV) paramyxovirus (mumps)community acquired bacterial meningitis. Stop antibacterials, antivirals and steroid treatment if enteroviral or mumps meningitis is diagnosed and manage symptomatically. Continuation of antivirals for HSV/VZV should be discussed withHIV testing. HSV2 is usually a sexually transmitted infection consider need for testing for other STIs including HIV.	VIRAL MENINGITIS	enteroviruses	Initial early management and treatment as for	
Ref: British Infection Association Guideline on diagnosis and management of acute meningitis and meningococcal sepsis in			, .	
Association Guideline on diagnosis and management of acute meningitis and meningococcal sepsis in a sepsis in a steroid treatment in enteroviral or mumps meningitis is diagnosed and manage symptomatically. Continuation of antivirals for HSV/VZV should be discussed with a steroid treatment in enteroviral or mumps meningitis is diagnosed and manage symptomatically. Continuation of	Ref: British Infection			
diagnosis and management of acute meningitis and meningococcal sepsis in (mumps) enteroviral of mumps meningitis is diagnosed and manage symptomatically. Continuation of antivirals for HSV/VZV should be discussed with HIV.				
meningococcal sepsis in antivirals for HSV/VZV should be discussed with		(mumps)		
	immunocompetent adults 2016		ID/Micro.	

*adjusted body weight recommended in Sanford Guide, ref: AAC 60:1830,2016)

AdjBW = ideal body weight + 0.4 x (actual body weight – ideal body weight)

Ideal body weight = 2.3 (height in cm – 152.4cm/2.54) + 50kg (male) or 45kg (female)

Approved by: Antimicrobial Management Group Date: March 2016 Updated: June 2023 Amendment: July 2024 Review: June 2026