Adult Empirical Treatment of Infection Guidelines for Renal Patients

NHS Tayside

When male and female are stated within this policy, it refers to sex assigned at birth

NEWS2 ≥5 and INFECTION: THINK SEPSIS

DOSING (unless stated)	**ORAL**	**IV**
Clarithromycin*	500mg bd	500mg bd
Gentamicin	n/a	See renal protocol
Doxycycline	See indication	n/a
Vancomycin	only for C.difficile	See Renal protocol
Metronidazole	400mg tds	500mg tds
Flucloxacillin	1g qds	1g qds
Pivmecillinam	400mg stat then 400mg tds	n/a
Amoxicillin, Aztreonam, Co-amoxiclav, Levofloxacin, Temocillin, Co-trimoxazole	See Renal Drug Handbook	

*** consider risk of prolonged QT interval & interactions e.g. statins, Tacrolimus**

Always document indication and duration in medical notes and on medicine chart

CURB 65
Confusion - new
Urea > 7
Resp rate ≥30
BP systolic <90 diastolic <60
65 – age ≥65

Clinical condition	Antibiotic(s)	Comments
CNS		
Meningitis If ≥ 60 years or immunocompromised If encephalitis suspected	Ceftriaxone IV 2g bd + Dexamethasone IV 10mg qds for 4 days started with or just before first dose of antibiotics Add Amoxicillin 2g IV 4 hourly (1g if CrCl <10ml/min or on HD) Add Aciclovir IV (See Renal Drug Handbook for dosing)	See full CNS guidance
Respiratory		
Infective Exacerbation of COPD	Give antibiotics if ↑ sputum purulence. If no ↑ sputum purulence, then no antibiotics unless consolidation on CXR or signs of pneumonia. 1st LINE Amoxicillin 500mg tds 2nd LINE Doxycycline 200mg on day 1 then 100mg od	5 days
Community Acquired Pneumonia **Non Severe** (CURB 65 Score 0-2)	Amoxicillin 1g tds ORAL OR Doxycycline 200mg on day 1 then 100mg od If NBM (assess daily for oral/NG access) : IV amoxicillin 1g tds or IV clarithromycin* 500mg bd	5 days
Community Acquired Pneumonia **Severe** (CURB 65 Score ≥3)	IV Co-amoxiclav + Doxycycline 100mg bd (if NBM replace doxycycline with IV clarithromycin* 500mg bd) **OR** IV Levofloxacin monotherapy if true penicillin allergy Step down to Doxycycline 100mg bd for all patients with severe CAP	Total IV/PO 5 days
Hospital Associated Pneumonia **Non Severe**	Amoxicillin 1g tds ORAL OR Doxycycline 200mg day 1 then 100mg daily If NBM (assess daily for oral/NG access): IV amoxicillin 1g tds or IV clarithromycin* 500mg bd	5 days
Hospital Associated Pneumonia **Severe**	IV Amoxicillin 1g tds + Aztreonam or Gentamicin: discuss with nephrologist Step down to ORAL Co-amoxiclav 625mg tds or seek ID/micro advice in true penicillin allergy	Total IV/PO 5 days
Aspiration Pneumonia **Non Severe**	Amoxicillin 1g tds ORAL OR Doxycycline 200mg day 1 then 100mg daily If NBM (assess daily for oral/NG access):IV amoxicillin 1g tds or IV clarithromycin* 500mg bd	5 days
Aspiration Pneumonia **Severe**	IV Amoxicillin1g tds + Aztreonam or Gentamicin: discuss with nephrologist. Step down to ORAL amoxicillin 1g tds or doxycycline 100mg bd	Total IV/PO 5 days
Heart		
Endocarditis (See full Guidance)	Modify according to dialysis status. See full guidance on Tayside Area Formulary.	
GI		
C.difficile Treatment Recurrence of C.Diff	See guidance See guidance	
Non PD Peritonitis/Biliary Tract /Intra-abdominal	IV Amoxicillin + Metronidazole + Aztreonam or Gentamicin: discuss with nephrologist. Step down to ORAL Co-trimoxazole + Metronidazole (2nd line seek ID/Micro advice) Pen allergic: Vancomycin IV + Metronidazole IV + Gentamicin or Aztreonam: discuss with nephrologist	Total IV/PO 7 days
PD Peritonitis	See Renal PD Peritonitis Protocol	
GU		
Uncomplicated UTI female	See UTI in CKD policy	3 days
Uncomplicated UTI male	See UTI in CKD policy	7 days
Complicated UTI /Pyelonephritis / Urosepsis	IV Amoxicillin + Aztreonam or Temocillin if ESBL or Gentamicin:discuss with nephrologist (Penicillin allergic: Seek ID/Micro advice) Step down as per microbiology sensitivities *In patients who have polycystic kidney disease, have stents in place or who have a nephrostomy in situ – duration MAY need to be extended. Please discuss with consultant.	7 days*
Bone and Skin		
Cellulitis	Flucloxacillin 1g qds IV/ORAL (Penicillin allergic: Doxycycline 100mg bd)	5-7 days
Septic Arthritis / Osteomyelitis	Flucloxacillin IV (Seek ID advice)	
Diabetic Foot Infection : **Mild** **Moderate**	Flucloxacillin 1g qds ORAL or Doxycycline 100mg bd Flucloxacillin 1g qds ORAL + Metronidazole 400mg tds Penicillin allergy: Doxycycline 100mg bd + Metronidazole 400mg tds	7 days
Unknown Source		
Severe systemic infection source unknown	IV Amoxicillin + IV Metronidazole + Aztreonam or Gentamicin: discuss with nephrologist Add flucloxacillin or vancomycin if concern re staphylococci. See MSSA/MRSA Renal Policy Penicillin allergic:Vancomycin IV + Metronidazole IV + Gentamicin or Aztreonam: (discuss with nephrologist)	
Line Infections		
Renal dialysis lines e.g. tunnelled lines, CVC	See renal line infection guideline	

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