

# Alternative Antibiotic Options for Shortage of IV Aztreonam

## COMPLETE THESE 4 KEY ACTIONS BEFORE CONSIDERING ALTERNATIVE ANTIMICROBIALS

### ACTION 1: SOURCE CONTROL IS KEY FOR INFECTION MANAGEMENT

If undrainable deep abscess discuss with Infection Specialist

TIMELY SOURCE CONTROL  
REDUCES NEED FOR  
ANTIMICROBIALS – SHORTER  
DURATION IS BETTER

TARGETED THERAPY HAS PATIENT  
BENEFITS AND POPULATION  
BENEFITS – REDUCING RISK OF  
ANTIMICROBIAL RESISTANCE

### ACTION 2: REVIEW MICROBIOLOGY RESULTS

Use narrowest spectrum antimicrobial depending on sensitivities

### ACTION 3: REVIEW PATIENT DAILY FOR IV TO ORAL SWITCH – check the [guidance](#)

Remember the bug doesn't know how the drug gets to it!

NHS TAYSIDE USES MORE IV  
ANTIMICROBIALS THAN OTHER  
HEALTH BOARDS – REDUCING IV  
USE HAS MANY **BENEFITS** FOR  
PATIENTS AND STAFF

OTHER HOSPITALS ALREADY USE  
GENTAMICIN UP TO 96 HOURS  
OR ARE CONSIDERING  
IMPLEMENTING

### ACTION 4: If IV definitely still required CAN PATIENT HAVE GENTAMICIN for 96 hours? Check the [guidance](#)

- Duration extended to up to 96 hours for patients with eGFR/CrCl >30 ml/min
- Many patients can even have ONE dose and then review: CKD eGFR/CrCl 20-29ml/min or AKI 1 / 2 in previous 48 hours

Guidance	Indication for IV Aztreonam	Alternative options when no IV Aztreonam available
<a href="#">Empirical Treatment</a> <b>Intra-abdominal sepsis and <a href="#">Gastrointestinal Treatment Guidance</a></b> <b>Acute Cholangitis</b> <b>Acute Cholecystitis</b> <b>Infected Pancreatitis</b>	<ul style="list-style-type: none"> <li>patient excluded from gentamicin guidance or not appropriate for 96 hours of gentamicin</li> </ul>	<b>OPTIONS</b> <ol style="list-style-type: none"> <li>Follow <a href="#">IVOST guidance</a> and step down to oral if possible</li> <li>Check if patient can have up to 96 hours of gentamicin (see above)</li> <li>If IV definitely still required: IV co-trimoxazole 960mg bd +/- metronidazole 500mg tds may be suitable if patient is stable – if patient can take oral then prescribe as oral - both these antimicrobials have very good bioavailability</li> <li>IV Amoxicillin + PO/IV Metronidazole + IV Temocillin 2g tds <i>Note: temocillin does not cover Pseudomonas</i></li> <li>True penicillin allergy: IV Vancomycin + IV/PO Metronidazole + IV/PO <a href="#">Ciprofloxacin (refer to Fluoroquinolones Warnings document)</a></li> </ol>
<a href="#">Empirical Treatment</a> <b>Severe Hospital Acquired Pneumonia or Severe Aspiration Pneumonia</b>	<ul style="list-style-type: none"> <li>patient excluded from gentamicin guidance or not appropriate for further doses of gentamicin</li> </ul>	<b>OPTIONS</b> <ol style="list-style-type: none"> <li>Follow <a href="#">IVOST guidance</a> and step down to oral if possible</li> <li>Check if patient can have up to 96 hours of gentamicin (see above)</li> <li>If IV definitely still required: IV co-trimoxazole 960mg bd may be suitable if patient is stable – if patient can take oral then prescribe as oral – this antimicrobial has very good bioavailability</li> <li>IV Amoxicillin + IV Temocillin 2g tds <i>Note: temocillin does not cover Pseudomonas</i></li> <li>True penicillin allergy: IV Vancomycin + IV/PO <a href="#">Ciprofloxacin (refer to Fluoroquinolones Warnings document)</a></li> </ol>
<a href="#">Empirical Treatment</a> <b>Urosepsis/Pyelonephritis</b>	<ul style="list-style-type: none"> <li>patient excluded from gentamicin guidance or not appropriate for further doses of gentamicin</li> </ul>	<b>OPTIONS</b> <ol style="list-style-type: none"> <li>Follow <a href="#">IVOST guidance</a> and step down to oral if possible</li> <li>Check if patient can have up to 96 hours of gentamicin (see above)</li> <li>If IV definitely still required: IV co-trimoxazole 960mg bd may be suitable if patient is stable – if patient can take oral then prescribe as oral – this antimicrobial has very good bioavailability</li> <li>IV Amoxicillin + IV Temocillin 2g tds <i>Note: temocillin does not cover Pseudomonas</i></li> <li>True penicillin allergy: IV Vancomycin + IV/PO <a href="#">Ciprofloxacin (refer to Fluoroquinolones Warnings document)</a></li> </ol>

Guidance	Indication for IV Aztreonam	Alternative options no IV Aztreonam available
<a href="#">Empirical Treatment of Infection Guidelines for RENAL Patients</a>	Severe Hospital Acquired Pneumonia Severe Aspiration Pneumonia Non PD peritonitis/Biliary Tract/Intra-abdominal complicated UTI/Pyelonephritis/Urosepsis Severe Systemic Infection – unknown source	<b>OPTIONS</b> <ol style="list-style-type: none"> <li>1. Follow <a href="#">IVOST guidance</a> and step down to oral if possible</li> <li>2. Check with consultant if patient can have gentamicin or co-trimoxazole</li> <li>3. <i>If option 1 or 2 not suitable consider: IV Amoxicillin + IV Temocillin 2g tds</i> <i>Note: temocillin does not cover Pseudomonas</i></li> <li>4. True penicillin allergy: IV Vancomycin + IV/PO <a href="#">Ciprofloxacin</a> (refer to <a href="#">Fluoroquinolones Warnings document</a>)</li> </ol>
<a href="#">Adult CF guidance</a>	Exacerbation of CF	Use alternatives in line with sensitivities or discuss with ID/Microbiology
<a href="#">Neutropenic Sepsis</a>	patients with penicillin allergy	<b>OPTIONS</b> <ol style="list-style-type: none"> <li>1. Consider gentamicin for up to 96 hours</li> <li>2. Consider ceftazidime (also provides Pseudomonas cover)</li> <li>3. <a href="#">Ciprofloxacin</a> (refer to <a href="#">Fluoroquinolones Warnings document</a>)</li> <li>4. If other options not suitable discuss with Infection Specialist</li> </ol>
<a href="#">Diabetic Foot Ulcer And Antibiotic Pathway for Vascular Surgery Clinical Network</a>	patient excluded from gentamicin guidance or not appropriate for further doses of gentamicin	<b>OPTIONS</b> <ol style="list-style-type: none"> <li>1. Follow <a href="#">IVOST guidance</a> and step down to oral if possible</li> <li>2. Check if patient can have up to 96 hours of gentamicin (see above)</li> <li>3. If IV definitely still required discuss with Infection Specialist</li> </ol>
<a href="#">Orthopaedic Implant Associated Infections and Septic Arthritis</a>	patient excluded from gentamicin guidance or not appropriate for further doses of gentamicin	Discuss at BJI MDT or with Infection Specialist
<a href="#">Urology Surgical Prophylaxis and Radiology Procedures Prophylaxis</a>	patients where gentamicin indicated but eGFR 15-30ml/min and no penicillin allergy or penicillin allergy but without history of anaphylaxis or angiodema	<i>IV Temocillin 1g</i> <i>Note: temocillin does not cover Pseudomonas</i>

<a href="#">Vascular Surgical Prophylaxis</a>	patients with low eGFR	<i>IV Temocillin 1g (in combination with flucloxacillin)</i> <i>Note: temocillin does not cover Pseudomonas</i>
	patients with low eGFR and penicillin allergy or MRSA positive	<a href="#">Ciprofloxacin</a> (in combination with vancomycin): <a href="#">refer to Fluoroquinolones Warnings document</a>
<a href="#">Implantable Cardiac Electronic Device (ICED) insertion prophylaxis</a>	patients where gentamicin indicated but eGFR 15-30ml/min and no penicillin allergy or penicillin allergy but without history of anaphylaxis or angiodema	<i>IV Temocillin 1g</i> <i>Note: temocillin does not cover Pseudomonas</i>

Approved by AMG: Aug 2024  
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