

Alternative Antibiotic Options for Potential Shortage of IV Co-trimoxazole

- always consider oral co-trimoxazole which has very high bioavailability

Guidance	Indication for IV Cotrimoxazole	Alternative if no IV Co-trimoxazole available
Hospital Antibiotic Adult UTI	Complicated UTI/Pyelonephritis/Urosepsis in patients with penicillin allergy (co-prescribed with IV gentamicin)	Follow IVOST guidance and step down to oral co-trimoxazole if possible If IV required – use gentamicin alone (if MRSA risk add vancomycin). Monitor patient closely (especially renal function) and if deterioration or no improvement seek advice.
Hospital Acquired Pneumonia	Severe HAP in penicillin allergy and no renal impairment	Vancomycin + Gentamicin (Replace gentamicin with aztreonam if patient not suitable for gentamicin and has penicillin allergy but without history of anaphylaxis or angioedema, otherwise replace with ciprofloxacin : refer to Fluoroquinolones Warnings document) Step down to oral co-trimoxazole
Antibiotic treatment and prophylaxis of spontaneous bacterial peritonitis	Antibiotic prophylaxis for variceal bleeding in patients with liver cirrhosis	Use oral co-trimoxazole if oral route available Use IV piperacillin/tazobactam if no oral route but step down to oral co-trimoxazole as soon as oral route is available
Opportunistic Infections	Treatment of Pneumocystis Pneumonia (PJP/PCP)	Follow guidance for alternative options
ICU Infection Management Guidance	Aspiration pneumonia or early post-op pneumonia (non-severe) in penicillin allergy	As per severe option for penicillin allergy: IV vancomycin/ gentamicin /metronidazole
	Co-trimoxazole can be used for non-severe intra-abdominal infections, HAP, UTI	Follow alternative guidance on ICU policy or discuss with Microbiology
Adult CF Antibiotic guidance or Bronchiectasis	Stenotrophomonas maltophilia infection - severe symptoms or no oral route available	Check sensitivities and seek ID/Microbiology advice if required

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Prophylaxis Guidance	Indication for IV Cotrimoxazole	Alternative if no IV Co-trimoxazole available
Antibiotic prophylaxis in orthopaedic surgery	Arthroplasty, Open Fracture, Open surgery for Closed Fracture, Hip Fracture	Open fracture – anaerobic cover required – use clindamycin + aztreonam All other indications – vancomycin + aztreonam or teicoplanin + aztreonam Use aztreonam if penicillin allergy without history of anaphylaxis or angioedema, other wise use Ciprofloxacin (refer to Fluoroquinolones Warnings document)
Antibiotic prophylaxis in radiological procedures	For some procedures where eGFR 15-30ml/min PLUS severe penicillin allergy	Use aztreonam or temocillin Use aztreonam if penicillin allergy without history of anaphylaxis or angioedema, other wise use Ciprofloxacin (refer to Fluoroquinolones Warnings document)

Dosing for Surgical Prophylaxis:

Teicoplanin– see dosing table in document [here](#)

Aztreonam – see dosing table in document [here](#)

Clindamycin – see dosing table in document [here](#)

Temocillin– 2g (even in renal impairment as per dosing for treatment of infections)

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