

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Bone and Joint Infections

Indication
Discitis / Vertebral Osteomyelitis / Vertebral Abscess
First Line Antimicrobials
Empiric treatment will vary depending on history and risk factors
Discuss all suspected cases with Clinical Microbiology / Infectious Diseases teams.
Comments
<ul style="list-style-type: none"> Take 3 sets of blood cultures in patients who are febrile or systemically unwell Discuss with interventional radiology and / or neurosurgical service regarding aspiration/ biopsy/ drainage for source control and diagnostic purposes Send MRSA screen Check previous microbiology results Consider possibility of spinal tuberculosis (TB) If the patient has a history of previous spinal surgery, ensure details of same are available. Contact the relevant centre for letters and imaging results if necessary.
Duration of Treatment
Expect 6 weeks - ultimate duration depends on individual patient and clinical response.
Indication
Osteomyelitis – Acute
First Line Antimicrobials
Flucloxacillin 2g QDS IV
If history of MRSA colonisation, SUBSTITUTE vancomycin 25mg/kg loading dose (max 3g), followed by 15mg/kg BD IV
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
IV to PO switch: Contact Clinical Microbiologist or ID Consultant for advice.
NON-immediate-onset and NON-severe Penicillin Hypersensitivity
Cef-AZ-olin 2g TDS IV
If history of MRSA colonisation, SUBSTITUTE vancomycin 25mg/kg loading dose (max 3g), followed by 15mg/kg BD IV
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
IV to PO switch: Contact Clinical Microbiologist or ID Consultant for advice.
IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity
vancomycin 25mg/kg loading dose (max 3g), followed by 15mg/kg BD IV
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
IV to PO switch: Contact Clinical Microbiologist or ID Consultant for advice.
Comments
ALWAYS:
<ul style="list-style-type: none"> CONTACT Clinical Microbiologist or ID Consultant for advice CHECK for history of colonisation with resistant organisms, e.g. MRSA REVIEW empiric therapy in conjunction with C&S after 48 hours.
Check before contacting Micro or ID:
<ul style="list-style-type: none"> Is there a history of surgery or trauma to bone? Does the patient have prosthetic material in situ?
Microbiological Investigations:
<ul style="list-style-type: none"> Blood cultures if systemically unwell Relevant bone and tissue samples N.B. Superficial swabs are not reliable for detection of causative organisms
Duration of Treatment
Prolonged course of several weeks usually required. Ultimate duration depends on causative pathogen, clinical response, successful source control, blood culture results and absence of other deep foci of infection.

