

## Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Cardiovascular Infections

<b>Indication</b>
Infective Endocarditis - Community-Acquired Native Valve or Late Prosthetic Valve (> 12 months post-surgery) Endocarditis
<b>First Line Antimicrobials</b>
<a href="#">Vancomycin</a> 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.
<b>AND</b>
<a href="#">Gentamicin</a> 3mg/kg once daily IV (note <b>lower</b> than usual dose)
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
<b>Comments</b>
<b>ALWAYS:</b>
<ul style="list-style-type: none"><li>• CONTACT Clinical Microbiologist or ID Consultant for advice</li><li>• CHECK if prosthetic cardiac valve or cardiac implantable electronic device (e.g. pacemaker, defibrillator) in situ.</li><li>• REVIEW empiric therapy in conjunction with blood culture results after 48 hours.</li></ul>
<b>Echocardiography required (TTE +/- TOE) – discuss with Cardiology. Consider early review by cardiothoracic surgery - discuss with Cardiology.</b>
<b>Microbiological Investigations:</b>
<ul style="list-style-type: none"><li>• Take <b>3 sets</b> of blood cultures at 30 minute intervals <b>before</b> antibiotics started. If patient has clinical sepsis, follow “Sepsis 6” care bundle – do not delay antimicrobial administration for longer than 1 hour after recognition of sepsis.</li><li>• Additional serological testing may be indicated in certain cases – discuss with Clinical Microbiologist.</li><li>• If history of open heart surgery or ECMO in the last 5 years, test for atypical mycobacteria.</li></ul>
<b>Duration of Treatment</b>
Ultimate duration depends on causative pathogen, clinical response, blood culture results and type of infected valve.
<b>Indication</b>
Infective Endocarditis - Early Prosthetic Valve Endocarditis (< 12 months post-surgery) or Healthcare-Associated Endocarditis
<b>First Line Antimicrobials</b>
<a href="#">Vancomycin</a> 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.
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Ultimate duration depends on causative pathogen, clinical response, blood culture results and type of infected valve.