

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Head and Neck Infections

Indication
Orbital cellulitis
First Line Antimicrobials
Cef-O-taxime 1g TDS IV
AND
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
AND
Flucloxacillin 2g QDS IV
If history of MRSA colonisation, replace Flucloxacillin with 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.
Empiric IV to PO switch: Co-amoxiclav 625mg TDS PO
NON-immediate-onset and NON-severe Penicillin Hypersensitivity
Cef-O-taxime 1g TDS IV
AND
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
AND
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.
Empiric IV to PO switch: Cef-AL-exin 500mg TDS PO AND Metronidazole 400mg TDS PO
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.
AND
Levofloxacin 500mg BD PO or IV (excellent oral bioavailability)
N.B. Risk of long-lasting and disabling adverse effects with quinolones, mainly involving muscles, tendons and bones and the nervous system. Consider potential to prolong the QT interval. Consider that seizure threshold may be lowered.
AND
Metronidazole 400mg TDS PO (excellent oral bioavailability) or 500mg TDS IV only where oral route is not feasible
Empiric IV to PO switch: Levofloxacin 500mg BD PO AND Metronidazole 400mg TDS PO
Comments
ALWAYS:
<ul style="list-style-type: none"> Contact Clinical Microbiologist or ID Consultant for advice Refer patient to Ophthalmology and/or ENT Outrule odontogenic source.
Microbiological Investigations:
<ul style="list-style-type: none"> Blood cultures if systemically unwell Swab for culture only if purulent discharge MRSA screen
ALWAYS REVIEW empiric therapy in conjunction with C&S after 48 hours.
Duration of Treatment
7 to 14 days depending on clinical response