

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Obstetrics - Peripheral Vascular Catheter (PVC) Infection

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| Indication |
| Obstetrics - Peripheral Vascular Catheter (PVC) Infection |
| First Line Antimicrobials |
| Flucloxacillin 2g QDS IV if no history of MRSA |
| If history of MRSA colonisation, SUBSTITUTE Vancomycin 25mg/kg loading dose (max 2g), 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. |
| NON-immediate-onset and NON-severe Penicillin Hypersensitivity |
| Cef-AZ-olin 2g TDS IV if no history of MRSA |
| If history of MRSA colonisation, SUBSTITUTE Vancomycin 25mg/kg loading dose (max 2g), 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. |
| IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity |
| Clindamycin 450mg QDS PO or 600mg QDS IV (excellent oral bioavailability) if no history of MRSA |
| If history of MRSA colonisation, SUBSTITUTE Vancomycin 25mg/kg loading dose (max 2g), 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. |
| Comments |
| REMOVE THE INFECTED PVC IMMEDIATELY. |
| PVCs are a portal of entry for S. aureus. PVC infections can manifest as local phlebitis or bloodstream infections. The risk of PVC infection may be reduced by: |
| <ul style="list-style-type: none"> • Insertion with care and strict attention to standard precautions • Daily review of ongoing need for PVC and removal as soon as no longer required. |
| Microbiological Investigations: |
| <ul style="list-style-type: none"> • N.B . Check for history of MRSA infection or colonisation • Blood cultures if systemically unwell • Swab pus or exudate from PVC exit site. |
| Duration of Treatment |
| If blood cultures positive for S. aureus : |
| <ul style="list-style-type: none"> • 14 DAYS MINIMUM IV COURSE from the date of first negative set of blood cultures and absence of deep-seated infection (e.g. endocarditis) on further investigation. Always discuss with clinical microbiologist. |
| If phlebitis with sterile blood cultures: |
| <ul style="list-style-type: none"> • Review at 5 days • Review empiric antimicrobial therapy in conjunction with C&S after 48 hours & consider IV to PO switch. |