

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Central Nervous System Infections

Indication	
Encephalitis	
First Line Antimicrobials	
Aciclovir 10mg/kg TDS IV	
N.B. Adjust dose if <a href="#">renal impairment</a> .	
N.B. For obese patients (BMI > 30kg/m <sup>2</sup> ), use of obese-dosing weight (ODW) is recommended.	
<a href="#">Calculate obese-dosing weight (ODW)</a>	
Use of actual body weight can lead to toxicity. Use of ideal body weight can result in under-dosing. Take severity of infection and renal function into account when choosing dose and monitor patient for nephrotoxicity or neurotoxicity when high doses are used.	
Comments	
<b>Microbiological Investigations:</b>	
<ul style="list-style-type: none"><li>Send CSF– request viral PCR</li><li>Consider possibility of TB infection if immunocompromised</li></ul>	
Public Health notification required for viral encephalitis.	
Duration of Treatment	
14 to 21 days- Discuss all cases with Clinical Microbiology or Infectious Diseases teams	
<b>Indication</b>	
Meningitis	
First Line Antimicrobials	
Cef-TRI-axone 2g BD IV	
AND	
<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.	
AND	
If Listeria meningitis suspected, <b>ADD</b> Amoxicillin 2g four hourly IV	
Risk factors for <i>Listeria spp.</i> include age > 65 years, immunocompromised, pregnant.	
AND	
Dexamethasone phosphate 0.15mg/kg QDS IV (maximum 10mg per dose) started before or with first dose of antimicrobial therapy and continued for 4 days.	
NON-immediate-onset and NON-severe Penicillin Hypersensitivity	
Cef-TRI-axone 2g BD IV	
AND	
<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.	
AND	
If Listeria meningitis suspected, additional cover required:	
<ul style="list-style-type: none"><li>If patient NOT pregnant, ADD Co-trimoxazole 120mg/kg daily IV, given in divided doses</li><li>If patient IS pregnant, use entire regimen for immediate-onset or severe penicillin hypersensitivity below instead</li></ul>	
Risk factors for <i>Listeria spp.</i> include age > 65 years, immunocompromised, pregnant	
AND	
Dexamethasone phosphate 0.15mg/kg QDS IV (maximum 10mg per dose) started before or with first dose of antimicrobial therapy and continued for 4 days.	
IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity	
Meropenem 2g TDS IV	
N.B. Use meropenem with caution and close clinical monitoring if history of immediate-onset penicillin hypersensitivity - approximately 1% risk of immediate-onset hypersensitivity reaction to meropenem.	
AND	
<a href="#">Vancomycin</a> 25mg/kg loading dose (max 3g), followed by 15mg/kg BD IV (Do not load pregnant patients)	
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.	
AND	
Dexamethasone phosphate 0.15mg/kg QDS IV (maximum 10mg per dose) started before or with first dose of antimicrobial therapy and continued for 4 days.	
This regimen covers <i>Listeria spp.</i>	
Comments	
<b>ALWAYS:</b>	
<ul style="list-style-type: none"><li>CONTACT Clinical Microbiologist or ID Consultant for advice</li><li>REVIEW empiric therapy in conjunction with C&amp;S after 48 hours.</li></ul>	
<b>Microbiological Investigations:</b>	
<ul style="list-style-type: none"><li>Blood cultures</li><li>CSF</li><li>EDTA blood sample for meningococcal, pneumococcal and haemophilus PCR</li><li>Throat swab to detect carriage of <i>N. meningitidis</i></li><li>Consider possibility of viral infection</li><li>Consider possibility of TB infection if immunocompromised</li></ul>	
Public Health notification required for meningitis caused by <i>N. meningitidis</i> , <i>H. influenzae</i> , <i>S. pneumoniae</i> , <i>Listeria spp.</i> and viral meningitis.	
N.B. See <a href="#">chemoprophylaxis for meningococcal contacts</a> .	
Duration of Treatment	
Duration depends on causative organism:	
<ul style="list-style-type: none"><li><i>N. meningitidis</i> : 7 days</li><li><i>H. influenzae</i> : 10 days</li><li><i>S. pneumoniae</i> : 14 days</li><li><i>Listeria spp.</i> : 21 days</li></ul>	