

Ref no: 010300818
From: Commercial
Date: 30/08/18
Subject: Antibiotic prophylaxis

REQUEST & RESPONSE

1. Do you have a policy/guidance for the choice of antibiotics for use peri-operatively as surgical prophylaxis?
 - **Yes we have a Trust Antibiotic Policy - reference – SHK0167**
2. Do you have preferred first line agents for use peri-operatively as surgical prophylaxis for implant surgery eg. Orthopaedic Surgery?
 - **Yes**
3. If yes: what is/are your first line agent(s) for implant surgery? – **See below detail of first line treatments and additions for Penicillin allergy and history of MRSA**
4. Do you have preferred second line agents for use peri-operatively as surgical prophylaxis where patients have history of penicillin allergy?
 - **Yes**
5. If yes: what is/are your second line agent(s) where patients have history of penicillin allergy? - **See below detail of first line treatments and additions for Penicillin allergy and history of MRSA**
6. Do you have preferred agents for use peri-operatively as surgical prophylaxis for patients requiring implants or implantable devices who are MRSA positive or have a history of MRSA?

- Yes

7. If yes: what is/are your preferred agent(s)? **See below detail of first line treatments and additions for Penicillin allergy and history of MRSA**

Details of first line treatments and additions for Penicillin allergy and history of MRSA - ORTHOPAEDIC SURGERY/PROCEDURES

Dental treatment for patients with joint prostheses: - Antibiotic prophylaxis NOT required.

1. Repair of hip fracture

First line:

CefUROXime 1.5g IV at induction (single dose)*

Additional doses of cefUROXime 750mg at 8 and 16 hours only for prolonged procedures (>4 hours) or if there is major blood loss (>1500ml).

*If history of MRSA ADD teicoplanin 400mg IV at induction.

If severe penicillin allergy or history of C difficile infection:

Teicoplanin 400mg IV

AND

Gentamicin 2mg/kg IV both given at induction. If gentamicin is not available use tobramycin 2mg/kg

2. Lower limb open fracture (Gustilo type I)

CefUROXime 1.5g IV as soon as possible after injury.

then 750mg 8 hourly until 24 hours after wound closure or for a maximum of 72 hours (whichever is sooner).

If patient has severe penicillin allergy:

Clindamycin 600mg IV 6 hourly in place of cefUROXime.

3. Lower limb open fracture (Gustilo types II and III)

CefUROXime 1.5g IV as soon as possible after injury until soft tissue closure or for a maximum of 72 hours.

In addition, at time of first debridement give:

CefUROXime* 1.5g IV

In addition, at time of skeletal stabilisation and definitive soft tissue closure give:

CefUROXime* 1.5g IV

AND

Teicoplanin 400mg IV at time of induction. Trust Antibiotic Policy Version 2 Page 84 of 104 Issue date: 01 August 2015 Policy reference number: SHK0167

If patient has severe penicillin allergy:

Clindamycin 600mg IV 6 hourly in place of cefUROXime.

4. Open reduction of closed fracture with internal fixation

CefUROXime 1.5g IV at induction (single dose).

If history of MRSA ADD teicoplanin 400mg IV induction to above.

Additional doses of cefUROXime 750mg at 8 and 16 hours only for prolonged procedures (lasting >4 hours) or if there is major blood loss (>1500ml).

5. Total joint replacement

First line:

CefUROXime 1.5g IV at induction (single dose)

Additional doses of cefUROXime 750mg at 8 and 16 hours only for prolonged procedures (>4 hours) or if there is major blood loss (>1500ml).

If severe penicillin allergy or history of C difficile infection:

Teicoplanin 400mg IV

AND

Gentamicin 2mg/kg IV both given at induction. If gentamicin is not available use tobramycin 2mg/kg.

6. Total joint replacement in a patient with a history of MRSA

One to 2 days prior to surgery start:

- Nasal mupirocin ointment applied to anterior nares 8 hourly.

- Daily total body washing in Hibiscrub (or Octenisan).

- 1% chlorhexidine powder applied daily after washing and drying to axillae, perineum and groins.

If the patient has already been given a supply of the above topical agents from Pre-Op Clinic, the ward medical staff must ensure that these agents are prescribed on the medication chart on admission.

Replace disposable items e.g. toothbrushes, loofahs, make-up brushes/sponges etc. Hot wash bed linen, towels and clothes.

At operation give:

CefUROXime 1.5g IV at induction

AND

Teicoplanin 400mg IV at induction

Additional doses of cefUROXime 750mg at 8 and 16 hours only for prolonged procedures (>4 hours) or if there is major blood loss (>1500ml).

If severe penicillin allergy or history of C difficile infection:

Teicoplanin 400mg IV

AND

Gentamicin 2mg/kg IV both given at induction. If gentamicin is not available use tobramycin 2mg/kg.