

TREATMENT OF CONDITIONS NON-RESPONSIVE TO ORAL THERAPY via IV COMMUNITY THERAPY SERVICE

Patients presenting to, or referred to Acute Trusts Medical Assessment Unit with a diagnosis of conditions non-responsive to oral therapy, AND assessed as suitable for IV antibiotic therapy.

Day 1: Initial therapy

First line

IV Ceftriaxone 2g →

BUT use teicoplanin if;
Allergy to cephalosporin or severe
penicillin allergy*
OR patient has had *Clostridium difficile*
diarrhoea in last 3 years
OR patient is 70 years old or over
OR patient is MRSA positive

Second line

Teicoplanin 10mg/kg

Round dose to nearest 200mg. **Maximum**
dose 1200mg.

Check renal function: review dose from day
2 onwards

Patient must be monitored on ward for 24 hours post administration for signs of adverse drug

*Severe reaction to penicillin includes anaphylaxis, angioedema or Stevens-Johnson syndrome. If there is any concern as to the suitability of a patient, discuss with a Microbiologist

Day 2 and 3:

Daily attendance at by IV Community Therapy Service for next 48 hours for continuation of IV antibiotics
Clinically review patient, cellulitis and blood results. Admit patient if clinically unstable OR if significant positive growth in blood cultures (and discuss with Microbiology)

IV Ceftriaxone 1g

OR
If contraindicated as above

Teicoplanin 6mg/kg

Round dose to nearest 200mg.
Maximum dose 1200mg.

Day 4:

Consultant/SpR review

*Consultant/SpR review on Day 4 (i.e. after 3 doses IV) of ongoing treatment via Ambulatory Care.
Repeat bloods: WCC, CRP, U+Es, check renal function*

Oral switch appropriate – i.e. patient
apyrexial for 48 hours and definite
improvement of cellulitis

Admit if clinically unstable

Oral switch inappropriate but patient fit for
IVs via IV Community Therapy Service

• **REMOVE IV CANNULA**

- Switch to either:
po **Flucloxacillin** 500mg qds for 7 - 10 days
OR in penicillin allergy
po **Clarithromycin** 500mg bd for 7 – 10 days
OR if patient MRSA positive (but check sensitivities)
po **Doxycycline** 100mg bd for 7 – 10 days
- Obtain TTO from Pharmacy in working hours, or use pre-labelled TTO's from EMU out of hours

- Review cannula and change if necessary
- Give IV dose (Day 4) on ACU
- Make arrangements for patient to be reviewed on ACU on Day 8 (for decision regarding ongoing treatment)
- If possible, patient to return to ACU for daily IV antibiotic
- If patient not local - arrange for additional 3 days IV s to be administered at a designated Community Hospital – 3 days TTOs to be obtained from Pharmacy in working hours, or supply appropriate pre-labelled "IV antibiotic pack" (i.e. 3 x Ceftriaxone 1g + WFI, or 3 x Teicoplanin at correct dose) from EMU / Ambulatory Care out of hours