PATH LINKS NHS PATHOLOGY

United Lincolnshire Hospitals NHS NHS Trust

Management of SEPSIS of unknown source in Adult Patients

BEFORE PRESCRIBING ANTIMICROBIALS, ADEQUATE CULTURES AND RELEVANT SAMPLES SHOULD BE TAKEN WHERE POSSIBLE.
ALSO TAKE INTO ACCOUNT:

Drug allergies & sensitivities | Drug-drug and –food interactions | Contraindications | Recent antibiotic use | Clostridium *difficile* risk
Ideal Body Weight (IBW) | Renal Function | Hepatic Function | Past Medical History

PIPERACILLIN/TAZOBACTAM AND MEROPENEM ARE HEAVILY RESTRICTED ANTIBIOTICS.
ANY USE OUTSIDE THE ANTIBIOTIC FORMULARY REQUIRES MICROBIOLOGY APPROVAL WITHIN 24 HOURS OF INITIATION.

AMBER FLAG (Simple Sepsis)

First Line: **Co-amoxiclav** 1.2g iv 8 hourly **+/- gentamicin** stat (5mg/kg actual body weight, max 400mg)

Second Line (Minor penicillin rash): **Cefuroxime** 1.5g iv 8 hourly **plus metronidazole** 500mg iv 8 hourly **plus gentamicin** daily (5mg/kg actual body weight, max 400mg, but see antimicrobial guidelines for exclusions).

Third Line (Severe Beta-lactam allergy): **Vancomycin** iv (dose as per antimicrobial guidelines) **plus metronidazole** 500mg iv 8 hourly **plus ciprofloxacin** 500mg po 12 hourly (400mg iv every 12 hours)

Duration: Review in 24-48 hours when origin of infection determined, or isolate and sensitivity known

RED FLAG (Severe Sepsis)

First Line: **Piperacillin/tazobactam** 4.5g iv 8 hourly

Second Line (Minor penicillin rash): **Meropenem** 2g iv every 8 hours

Third Line (Severe Beta-lactam allergy): **Vancomycin** iv (dose as per antimicrobial guidelines) **plus metronidazole** 500mg iv 8 hourly **plus ciprofloxacin** 500mg po 12 hourly (or 400mg 12 hourly, if oral route not available)

Duration: Review in 24-48 hours when origin of infection determined, or isolate and sensitivity known

SEPTIC SHOCK

A single, FIRST dose of Meropenem 2g should be given (as a stat dose only) to initiate treatment in emergency within 1 hour of recognising Septic Shock.

Further treatment is based on site of probable origin of the infection.

Specimens: Blood culture. It is essential to collect at least 1 set before starting antibiotics. If clinical circumstances permit, a further 2 sets may be taken, by separate venepuncture, during a 2-4 hour period.

Duration: Appropriate broad spectrum antimicrobials should be commenced within 1 hour of presentation. In all cases intravenous antibiotics should be given for not less than 2 days and should continue for at least 24 hours after clinical recovery. If no clinical response after 48 hours, contact Consultant Microbiologist.

In cases of Neutropenic Sepsis, high risk of MRSA, or high risk of ESBL – refer to antimicrobial guidelines.

A full version of the antimicrobial guidelines is available on the intranet.
For further advice please contact Consultant Microbiologist via Switchboard.

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