Infection Management: Empirical Antibiotic Therapy

**Key Steps in Infection Management**
1. **ESTABLISH DIAGNOSIS & SEVERITY**
   - Consider all clinical evidence immediately and perform comprehensive history and physical examination.
   - Assess risk factors that may influence choice of initial empirical therapy.
   - Reinforce importance of early presentation and disease recognition.
2. **MICRO SAMPLING** – Blood (and other) cultures before antibiotic therapy. Don’t routinely swab skin/ wounds or culture urine in absence of signs of infection.
3. **DOCUMENT INDICATION** for antibiotic and proposed DURATION of THERAPY (clinical & laboratory data). Omit unnecessary prolonged treatment when not necessary.
4. **REVIEW & RECORD clinical, micro results and prescription DAILY.** Use your (narrow spectrum), (IVOST).
5. **CONTACT INFECTION SPECIALIST** – Ensure complete examination & microbiology if symptoms exceed 48 hours, check micro results (clinical/ Tra/clinical), sources – drain/ aspirate/ remove. Consider non-infective reasons for poor response.

**Definition of SEPSIS:**
1. **ESTABLISH DIAGNOSIS & SEVERITY**
2. **DOCUMENT INDICATION**
3. **MEASURE** lactate, **IV FLUIDS,** **MONITOR urine output hourly.** Urgent Blood Cultures then IV Antimicrobial Therapy within 60 minutes.

- **Septic arthritis/Osteomyelitis**
- **Prophylactic treatment** in patients with severe sepsis or septic shock.
- **IV PENICILLIN** & & CLINDAMICINE** or **IV CEPHALOSPORIN (narrow spectrum), (IVOST).

**Urgent Blood Tests then IV Antimicrobial Therapy within 60 minutes:**
- **Priority Cliff Endocarditis**
- **High Risk:** multiple organ dysfunction, profound shock, septic shock, complicated infection.
- **Low Risk:** 2 or more features.

**Urgent Blood Tests then IV Antimicrobial Therapy within 1 hour:**
- **S. aureus** pneumonia (CAP)
- **Add cover for severe Streptococcal infection** if;
- **Brain shift,** **Rapid GCS reduction,** **Resp/ cardiac compromise,** **severe sepsis,** **rapidly evolving rash,** infection at LP site, **coagulopathy** (incl INR ≥4, Platelets ≤40)
- **Use Meningitis/ Encephalitis order set on Trakcare**, Blood and CSF Glucose.
- **LP safe without CT scan UNLESS:** seizures, GCS ≤12, CNS signs, papilloedema or immunosuppression.
- **CT:** Blood cultures and antibiotics BEFORE CT scan.
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