



CLINICAL GUIDELINE

Advice for Antibiotic therapy following 4 days IV gentamicin

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

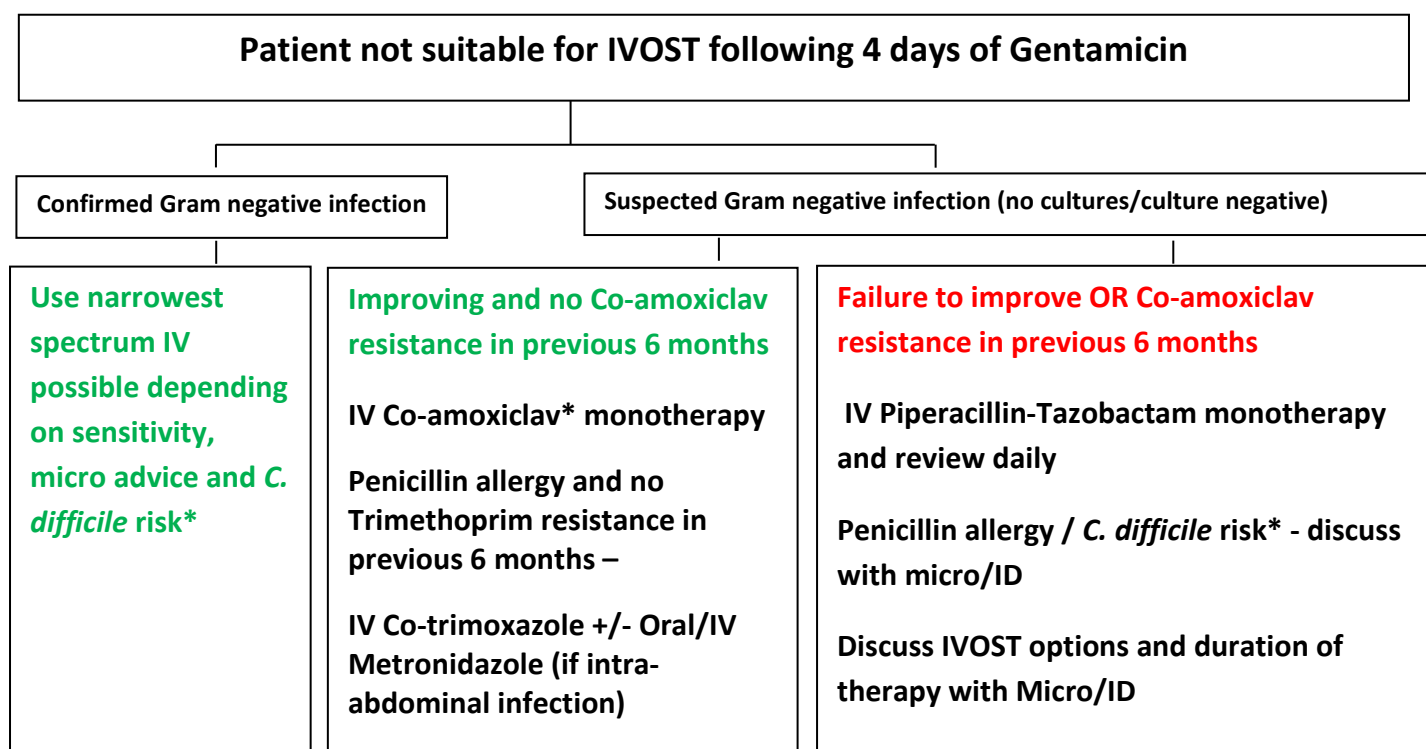
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Lead Author:	Ysobel Gourlay
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Important Note:

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Advice on Antibiotic Therapy following 4 days IV Gentamicin

1. **IVOST.** The need for IV antibiotic therapy should be reviewed by senior medical staff at 48 hours. Every day on IV antibiotics increases the patient's risk of *Staphylococcus aureus* bacteraemia (SAB). SAB rates in GGC are amongst the highest in Scotland.
 - Has the patient clinically improved? Is the patient's temperature $\leq 37.9^{\circ}\text{C}$?
 - Is there a reduction in NEWS score?
 - Is the patient taking oral medication? Is the oral route reliably available?
 - If so, then change to oral antibiotic. See IVOST policy.
2. **Culture Results.** If the patient still needs IV therapy, change therapy based on culture results. Discuss antibiotic choice and duration with microbiology
3. **Undrainable deep abscess,** discuss antibiotic choice and duration with microbiology / ID



Ensure source of infection identified and source controlled

Review daily for IVOST

Duration -

Uncomplicated infection with source control: 5 days (IV and ORAL)

Gram-negative bacteraemia with source control: 7 days (IV and ORAL)

*If previous *C. difficile* infection or high risk: Age >65 AND ≥ 1 of: frailty, severe underlying disease, prolonged hospital stay, extensive prior antibiotic exposure - discuss with microbiology/ID. Consider IV Co-trimoxazole (+ oral/IV metronidazole if intra-abdominal/pelvic source) unless no improvement or deterioration with Gentamicin or documented/prior resistance to Trimethoprim in previous 6 months