

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Pyrexia in Labour

Indication

Obstetrics - Pyrexia in Labour $\geq 38^{\circ}\text{C}$

First Line Antimicrobials

N.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.

Benzylpenicillin 3g STAT IV then 2.4g QDS IV

AND

Gentamicin 5mg/kg once daily IV

AND

Metronidazole 500mg TDS IV

Post-delivery, change to Co-amoxiclav 1.2g TDS IV **AND** Gentamicin 5mg/kg once daily IV

NON-immediate-onset and NON-severe Penicillin Hypersensitivity

N.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.

Cef-UR-oxime 1.5g QDS IV

AND

Gentamicin 5mg/kg once daily IV

AND

Metronidazole 500mg TDS IV

IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity

N.B. Ask patient about the nature of their penicillin hypersensitivity.

N.B. Check lab results for history of resistant organisms, e.g. ESBL. If present, contact clinical microbiologist for advice.

N.B. Check lab results for GBS history.

EMPIRIC Vancomycin 25mg/kg loading dose (max 2g), followed by 15mg/kg BD IV

AND

Gentamicin 5mg/kg once daily IV

AND

Metronidazole 500mg TDS IV

If known GBS susceptible to clindamycin, replace vancomycin and metronidazole in regimen above with clindamycin 900mg TDS IV.

Comments

Microbiological Investigations:

- Blood cultures
- Urine for C&S
- HVS (if PROM)
- Sputum for C&S
- If viral aetiology suspected, send nose and throat viral swabs (in red-top tube containing viral transport medium) for influenza and SARS-CoV-2 PCR.

If the patient does not respond to initial empiric treatment or is severely unwell, contact clinical microbiologist for advice.