Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Obstetrics - Chorioamnionitis / Sepsis - Source Unclear

Indication

Obstetrics - Chorioamnionitis / Sepsis - Source Unclear

First Line Antimicrobials

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

Benzylpenicillin 2.4g QDS IV

AND

Gentamicin 5mg/kg once daily IV

AND

Metronidazole 500mg TDS 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

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