

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Obstetrics - Mastitis/ Breast Abscess – Moderate to Severe

Indication
Obstetrics - Mastitis/ Breast Abscess – Severe
First Line Antimicrobials
Flucloxacillin 2g QDS IV if no history of MRSA
If history of MRSA colonisation, SUBSTITUTE <u>Vancomycin</u> 25mg/kg loading dose (max 2g), followed by 15mg/kg BD IV
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
NON-immediate-onset and NON-severe Penicillin Hypersensitivity
Cef-UR-oxime 1.5g QDS IV if no history of MRSA
If history of MRSA colonisation, SUBSTITUTE <u>Vancomycin</u> 25mg/kg loading dose (max 2g), followed by 15mg/kg BD IV
N.B. Adjust dose if renal impairment, trough level monitoring required, click on link above for calculator and guideline.
IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity
<u>Vancomycin 25mg/kg loading dose (max 2g), followed by 15mg/kg BD IV</u>
AND
Clindamycin 900mg TDS IV (Review clindamycin at 48hrs)
Comments
• Surgical referral essential if breast abscess confirmed . • Microbiological Investigations: • MRSA screen • Blood cultures • Breast milk for C&S • Breast swab (if discharging abscess) for C&S.