

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Obstetrics - Peripheral Vascular Catheter (PVC) Infection

Indication
Obstetrics - Peripheral Vascular Catheter (PVC) Infection
First Line Antimicrobials
Flucloxacillin 2g QDS IV if no history of MRSA
If history of MRSA colonisation, SUBSTITUTE Vancomycin 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-AZ-olin 2g TDS IV if no history of MRSA
If history of MRSA colonisation, SUBSTITUTE Vancomycin 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
Clindamycin 450mg QDS PO or 600mg QDS IV (excellent oral bioavailability) if no history of MRSA
If history of MRSA colonisation, SUBSTITUTE Vancomycin 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.
Comments
REMOVE THE INFECTED PVC IMMEDIATELY.
PVCs are a portal of entry for S. aureus. PVC infections can manifest as local phlebitis or bloodstream infections. The risk of PVC infection may be reduced by:
<ul style="list-style-type: none"> • Insertion with care and strict attention to standard precautions • Daily review of ongoing need for PVC and removal as soon as no longer required.
Microbiological Investigations:
<ul style="list-style-type: none"> • N.B . Check for history of MRSA infection or colonisation • Blood cultures if systemically unwell • Swab pus or exudate from PVC exit site.
Duration of Treatment
If blood cultures positive for S. aureus :
<ul style="list-style-type: none"> • 14 DAYS MINIMUM IV COURSE from the date of first negative set of blood cultures and absence of deep-seated infection (e.g. endocarditis) on further investigation. Always discuss with clinical microbiologist.
If phlebitis with sterile blood cultures:
<ul style="list-style-type: none"> • Review at 5 days • Review empiric antimicrobial therapy in conjunction with C&S after 48 hours & consider IV to PO switch.