

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Note Regarding Risk Factors for MRSA

Note Regarding Risk Factors for MRSA

Teicoplanin IV 10mg/kg (e.g. rounded up to 800mg for an average 70kg patient) should be ADDED to the recommended regimens (except those containing flucloxacillin, where teicoplanin should replace flucloxacillin), unless teicoplanin or vancomycin are already included, if the patient:

- Is known to be colonised with MRSA
- Was recently colonised with MRSA
- Was an inpatient for more than 72 hours before the procedure and has not had a recent confirmed negative MRSA screen result
- Was admitted from another hospital or nursing home and has not had a recent confirmed negative MRSA screen result
- Is at high risk for colonisation with MRSA for other reasons and has not had a recent confirmed negative MRSA screen result
- In the case of patients known to be **colonised** with MRSA who are undergoing cardiac, major orthopaedic implant or other complex surgery, it may be advisable to discuss an **MRSA eradication protocol** with Microbiology or Infectious Diseases in advance of the surgery.
- The recommended dose of teicoplanin is 10mg/kg to ensure adequate tissue levels. The calculated dose is 700mg for an average 70kg patient - the dose is rounded to 800mg (2 x 400mg vials) for a patient with an average weight of 70kg for practical reasons.
- **Teicoplanin** is used in surgical prophylaxis in preference to vancomycin in most cases, due to ease of administration, as doses up to 800mg can be given by slow intravenous injection over 3 to 5 minutes.
- **Doses over 800mg** should be given by **infusion** (in 50ml NaCl 0.9% or Glucose 5%) over 30 minutes.
- If continued antibiotic treatment is necessary post surgery, **switch to vancomycin** .