

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatrics - Skin, Soft Tissue and Surgical Wound Infections

Infection
Paediatrics - Animal or Human Bites
Likely Organisms
Pasteurella species, oral anaerobes, S. aureus, beta haemolytic streptococci
Empiric Antimicrobial Prophylaxis
1. No prophylaxis offered if skin is unbroken
2. Consider prophylaxis if skin is broken but not drawn blood if:
<ul style="list-style-type: none"> it involves hands, feet, face, genitals, skin overlying cartilaginous structures or an area of poor circulation or high-risk of a serious wound infection because of a comorbidity (diabetes, immunosuppression, asplenia or decompensated liver disease) or deep wound from cat bite
3. Offer antibiotic prophylaxis if skin is broken and drawn blood
4. Prescribe Co-amoxiclav PO
Empiric Antimicrobial Treatment of Infected Bite
Co-amoxiclav PO
If penicillin allergic:
Co-trimoxazole PO
Duration
Prophylaxis: 3 days
Treatment of infected bite: 5 days.
Comments
Assess the risk of tetanus, rabies or a bloodborne viral infection and take appropriate action.
Ask about tetanus immunisation status.
Manage the wound with irrigation and debridement as necessary.
Other animal bites discuss with ID / Micro.
Infection
Paediatrics - Burns
Likely Organisms
Group A Streptococcus, S. aureus
If infection occurs > 5 days post-hospitalisation, also aerobic gram negative organisms (e.g. Pseudomonas aeruginosa)
Empiric Antimicrobial Treatment
Burns should not initially be treated with antibiotics. Treat only if infected and on the advice of the Consultant .
Be aware of potential for toxic shock syndrome in children who often have only relatively small burns (fever, rash, diarrhoea, and ultimately shock).
Flucloxacillin IV
OR
Cef-AZ-olin IV 25mg/kg TDS (Max 6g/day)
Plus if severe infection: Clindamycin PO/IV
Plus if infection occurs > 5 days post-hospitalisation: Pip/tazobactam IV
Duration of Treatment
7 days, including IV to oral switch if appropriate oral option available based on C&S.
IV to Oral Switch
Yes, when clinically appropriate
Comments
Ensure appropriate swabs are sent. Aim to rationalise based on sensitivities.

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 2. **Title:** [redacted]
 3. **Abstract:** [redacted]
 4. **Keywords:** [redacted]
 5. **References:** [redacted]
 6. **Notes:** [redacted]
 7. **Comments:** [redacted]
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