Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Central Nervous System Infections

Indication

Encephalitis

First Line Antimicrobials

Aciclovir 10mg/kg TDS IV

N.B. Adjust dose if <u>renal impairment</u>.

N.B. For obese patients $\overline{\text{(BMI > 30kg/m}^2)}$, use of obese-dosing weight $\overline{\text{(ODW)}}$ is recommended.

Calculate obese-dosing weight (ODW)

Use of actual body weight can lead to toxicity. Use of ideal body weight can result in under-dosing. Take severity of infection and renal function into account when choosing dose and monitor patient for nephrotoxicity or neurotoxicity when high doses are used.

Comments

Microbiological Investigations:

- Send CSF

 request viral PCR
- Consider possibility of TB infection if immunocompromised

Public Health notification required for viral encephalitis.

Duration of Treatment

14 to 21 days- Discuss all cases with Clinical Microbiology or Infectious Diseases teams

ndication
Meningitis
First Line Antimicrobials
Cef-TRI-axone 2g BD IV
os. III dadie 1g DD II
AND .
25mg/kg loading dose (max 3g), 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.
AND .
AND
ff Listeria meningitis suspected, ADD Amoxicillin 2g four hourly IV
Risk factors for Listeria spp. include age > 65 years, immunocompromised, pregnant.
AND
Dexamethasone phosphate 0.15mg/kg QDS IV (maximum 10mg per dose) started before or with first dose of antimicrobial therapy and continued for 4
days.
NON-immediate-onset and NON-severe Penicillin Hypersensitivity
Cet-I KI-axone 2g BD IV
AND
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Vancomydin 25mg/kg loading dose (max 3g), followed by 15mg/kg BD IV
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AND
If Listeria meningitis suspected, additional cover required:
If patient NOT pregnant, ADD Co-trimoxazole 120mg/kg daily IV, given in divided doses
If patient IS pregnant, use entire regimen for immediate-onset or severe penicillin hypersensitivity below instead
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and
AND
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page 1 of 1