




CLINICAL SCENARIO		DRUGS/DOSES			
		Standard Protocol	Known or Suspected MRSA ^a	Penicillin allergy ^b Delayed	Penicillin allergy ^b Immediate
Genitourinary	Pyeloplasty, Reimplantation or Hypospadias repair	IV Cephazolin 25mg/kg (to a maximum of 2grams) as a single dose Repeat dose if operation > 4 hours AND IV Gentamicin 5mg/kg (to a maximum of 480mg) as a single dose only	Vancomycin ^c AND Gentamicin ^d	As per standard protocol	Clindamycin ^e AND Gentamicin ^d
		Ongoing prophylaxis with cotrimoxazole 4mg/kg/dose (equivalent to 0.5mL/kg/dose) to a maximum of 160mg trimethoprim component is recommended whilst stents are <i>in situ</i>			
	Cystoscopy +/- ureteric stent removal	CONSIDER IV Gentamicin 5mg/kg (to a maximum of 480mg) as a single dose			
	Bladder augmentation or Mitroffanoff appendico-vesicostomy	IV Cephazolin 25mg/kg (to a maximum of 2grams) as a single dose Repeat dose if operation > 4 hours AND IV Gentamicin 5mg/kg (to a maximum of 480mg) as a single dose AND IV Metronidazole 12.5mg/kg (to a maximum of 500mg) as a single dose	Vancomycin ^c AND Gentamicin ^d AND Metronidazole ^f	As per standard protocol	Clindamycin ^e AND Gentamicin ^d
	Nephrectomy (Complete or Partial)	IV Cephazolin 25mg/kg (to a maximum of 2grams) as a single dose Repeat dose if operation > 4 hours	ADD Vancomycin ^c to standard protocol	As per standard protocol	Clindamycin ^e AND Gentamicin ^d
	Circumcision, orchidopexy or hydrocele repair	Prophylaxis not routinely recommended			

- a) Children known or suspected to be colonised with MRSA may need to have their therapy/prophylaxis modified. Children suspected of having MRSA include:
- household contacts of MRSA colonised individuals and
 - children with recurrent skin infections or those unresponsive to beta-lactam therapy. For further advice, discuss with Microbiology or ID service
- b) An immediate (IgE mediated) reaction is characterised by the development of urticaria, angioedema, bronchospasm or anaphylaxis within 1 to 2 hours of drug administration. Delayed reactions including maculopapular or morbilliform rashes, drug fever and cytopenias and are more in keeping with other forms of immunological reactivity. Isolated diarrhoea is not usually immune-mediated and does NOT contraindicate the future use of an antibiotic.
- c) IV Vancomycin **15mg/kg** (to a maximum of 750mg) given via slow infusion. Repeat dose if operation > 6 hours
- d) IV Gentamicin **5mg/kg** (to a maximum of 480mg) as a single dose only
- e) IV Clindamycin **10mg/kg** (to a maximum of 600mg) as a single dose. Repeat dose if operation > 6 hours
- f) IV Metronidazole **12.5mg/kg** (to a maximum of 500mg) as a single dose only

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