




CLINICAL SCENARIO		DRUGS/DOSES			
		Standard Protocol	Known or Suspected MRSA <sup>a</sup>	Penicillin allergy <sup>b</sup> Delayed	Penicillin allergy <sup>b</sup> Immediate
Vascular	Amputation or other vascular surgery	IV Cephazolin 25mg/kg (to a maximum of 2grams) as a single dose Repeat dose if operation > 4 hours	Vancomycin <sup>c</sup> <b>AND</b> Gentamicin <sup>d</sup>	As per standard protocol	Vancomycin <sup>c</sup> <b>AND</b> Gentamicin <sup>d</sup>
	Implantable Central Venous Access Device Placement	IV Cephazolin 25mg/kg (to a maximum of 2grams) as a single agent <b>OR</b> IV Flucloxacillin 50mg/kg (to a maximum of 2grams) <b>AND</b> IV Gentamicin 5mg/kg (to a maximum of 480mg)	Vancomycin <sup>c</sup> <b>AND</b> Gentamicin <sup>d</sup>	Cephazolin as per standard protocol	Vancomycin <sup>c</sup> <b>AND</b> Gentamicin <sup>d</sup>
Cardiothoracic	Cardiac Surgery	IV Cephazolin 50mg/kg (to a maximum of 2grams) Repeat dose if operation > 3 hours Continue 8 hourly for 24 hours. <b>OR</b> If hospital inpatient for > 72 hours, use Vancomycin <sup>e</sup> <b>AND</b> Gentamicin <sup>d</sup>	Vancomycin <sup>e</sup> <b>AND</b> Gentamicin <sup>d</sup>	As per standard protocol	Vancomycin <sup>e</sup> <b>AND</b> Gentamicin <sup>d</sup>
	Thorocotomy or thoroscopic surgery into an uninfected surgical site	IV Cephazolin 25mg/kg (to a maximum of 2grams) as a single dose Repeat dose if operation > 4 hours	Vancomycin <sup>c</sup> <b>AND</b> Gentamicin <sup>d</sup>	As per standard protocol	Vancomycin <sup>c</sup> <b>AND</b> Gentamicin <sup>d</sup>
Neurosurgery	Routine neurosurgery including uncomplicated shunt insertions	IV Cephazolin 25mg/kg (to a maximum of 2grams) as a single dose Repeat dose if operation > 4 hours	Vancomycin <sup>c</sup>	As per standard protocol	Vancomycin <sup>c</sup>
	VP shunt insertion in high risk patients (neonates and infants with recurrent shunt complications)	Vancomycin 15mg/kg/dose (to a maximum of 750mg, regardless of gestational age) Continue 8 hourly (neonates) or 6 hourly (infants) for 48 hours <b>AND</b> Cefotaxime 50mg/kg (to a maximum of 2grams) Continue 8 hourly for 48 hours	As per standard protocol	As per standard protocol	Discuss with ID or Microbiology Service

- a) Children known or suspected to be colonised with MRSA may need to have their therapy/prophylaxis modified. Children suspected of having MRSA include:
  - i) household contacts of MRSA colonised individuals and
  - ii) 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 Vancomycin **15mg/kg** (to a maximum of 750mg) continued 6 hourly for 24 hours

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