

# Open Fractures



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## Musculoskeletal Infections

Also see prophylaxis for orthopaedic procedures

## Open Fractures

### 1st Line

**IV Co-amoxiclav** 1.2g TDS

+

**IV Gentamicin** stat as per protocol

add **IV Teicoplanin** 400mg (800mg if >80kg) at induction of skeletal stabilisation

At 48h/72h review:

Clinical improvement: maximum 2-5 days after stabilisation

Clinical Deterioration or rapidly progressing infection: discuss with microbiology

### Alternative in Penicillin Allergy

**IV Teicoplanin** as per protocol

+

**IV Gentamicin** OD as per protocol

+

**IV Metronidazole** 500mg TDS

At 48h/72h review:

Clinical improvement: maximum 2-5 days after stabilisation

Clinical Deterioration or rapidly progressing infection: discuss with microbiology

# Open metalwork implantation



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## Orthopaedic Procedures

- All doses to be confirmed during WHO briefing and administered intravenously on anaesthetic induction.
- If blood loss exceeds 1500ml additional intra-op dose may need to be given.
- If operation time exceeds three to four hours additional intra-op dose may need to be given.
- Patients can have one-off stat dose of 80mg gentamicin if acute/chronic renal failure, but if patient has renal failure with eGFR <10, then discuss with on call microbiologist first.
- If patient has known anaphylactic reaction to teicoplanin, then discuss with on call microbiologist.
- Antibiotics should be fully administered prior to tourniquet inflation.

## Open metalwork implantation

This includes plating, IM nailing, arthroplasty in trauma etc.

### 1st line

**IV Teicoplanin** 400mg (800mg if >80kg) STAT

+

**IV Gentamicin** 120mg (160mg if >80kg) STAT

### If documented allergy/ contraindication

**IV Tigecycline** 100mg STAT

+

**IV Gentamicin** 120mg (160mg if >80kg) STAT

# Primary arthroplasty



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## Orthopaedic Procedures

- All doses to be confirmed during WHO briefing and administered intravenously on anaesthetic induction.
- If blood loss exceeds 1500ml additional intra-op dose may need to be given.
- If operation time exceeds three to four hours additional intra-op dose may need to be given.
- Patients can have one-off stat dose of 80mg gentamicin if acute/chronic renal failure, but if patient has renal failure with eGFR <10, then discuss with on call microbiologist first.
- If patient has known anaphylactic reaction to teicoplanin, then discuss with on call microbiologist.
- Antibiotics should be fully administered prior to tourniquet inflation.

## Primary arthroplasty

### 1st line

**IV Teicoplanin** 400mg (800mg if >80kg) STAT

+

**IV Gentamicin** 120mg (160mg if >80kg) STAT

### If documented allergy/ contraindication

**IV Tigecycline** 100mg STAT

+

**IV Gentamicin** 120mg (160mg if >80kg) STAT

Alternatively, discuss with on call microbiologist

# Revision arthroplasty



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## Orthopaedic Procedures

- All doses to be confirmed during WHO briefing and administered intravenously on anaesthetic induction.
- If blood loss exceeds 1500ml additional intra-op dose may need to be given.
- If operation time exceeds three to four hours additional intra-op dose may need to be given.
- Patients can have one-off stat dose of 80mg gentamicin if acute/chronic renal failure, but if patient has renal failure with eGFR <10, then discuss with on call microbiologist first.
- If patient has known anaphylactic reaction to teicoplanin, then discuss with on call microbiologist.
- Antibiotics should be fully administered prior to tourniquet inflation.

## Revision arthroplasty

Including change of components (If due to infection, antibiotics not to be administered until intra-operative samples have been taken. Thereafter, please discuss with on call microbiologist.)

### 1st line

IV **Teicoplanin** 400mg (800mg if >80kg) STAT

+

IV **Gentamicin** 120mg (160mg if >80kg) STAT

### If documented allergy/ contraindication

Discuss with on call microbiologist