

Cardiac Procedures (Prophylaxis)

First dose of antibiotics to be given at induction of anaesthesia.

- Preoperative screening for MRSA is essential and if detected, surgery should be delayed until a topical suppression has been used for at least 3 days (see MRSA suppression policy). If an emergency procedure, use suppression procedure for 24 hours before surgery and continue after surgery to complete 5 days.
- If patient found to be MRSA positive replace usual antibiotic prophylaxis as below.

ALL CARDIAC AND THORACIC SURGICAL PROCEDURES

No gentamicin assay is performed. **If renal failure is present, give one dose of gentamicin only (at induction).**

1st choice	<u>Flucloxacillin</u> 500 mg IV at induction, then 6 hourly for 3 doses OR <u>Cefuroxime</u> 1.5g IV at induction, then 750mg – 1.5g IV 8 hourly for 3 doses plus <u>Gentamicin</u> 1.5 mg/kg IV at induction, then 80 mg IV 8 hourly for 2 doses
Penicillin allergy	<u>Clarithromycin</u> * 500 mg IV at induction and 12 hours later plus <u>Gentamicin</u> 1.5 mg/kg IV at induction, then 80 mg IV 8 hourly for 2 doses (*Infuse clarithromycin over 60 minutes. Try to complete infusion before starting procedure).
MRSA	<u>Teicoplanin</u> 800 mg IV (12 mg/kg) single dose at induction over 30 minutes* plus <u>Gentamicin</u> 1.5 mg/kg IV single dose at induction A second dose of <u>Gentamicin</u> 80 mg IV may be given at 8 hours for a prolonged procedure. (*Try to complete infusion before starting procedure).

PACEMAKER / ICD INSERTION

1st choice

Flucloxacillin 1 g IV single dose at induction of anaesthesia

Penicillin allergy

Clarithromycin 500 mg IV single dose at induction
(Infuse clarithromycin over 60 minutes. Try to complete infusion before starting procedure)

High risk

Restricted to patients with previous pacemaker insertion, previous endocarditis, prosthetic valves and diabetes.

Teicoplanin 400 mg (6 mg/kg) IV single dose at induction
plus Gentamicin 1.5mg/kg IV single dose at induction