

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 if possible and continue after surgery to complete 5 days.

ALL CARDIAC AND THORACIC SURGERY PROCEDURES

1st choice	Flucloxacillin 500 mg IV at induction, then 6 hourly for 3 doses plus Gentamicin 1.5 mg/kg IV at induction, then 80 mg IV 8 hourly for 2 doses
Penicillin allergy	Clarithromycin* 500 mg IV at induction and 12 hours later or Cefuroxime 750 mg IV 8 hourly for 3 doses (acceptable, if no history of anaphylaxis) plus Gentamicin 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	Teicoplanin 800 mg IV (12 mg/kg) single dose at induction over 30 minutes* plus Gentamicin 1.5 mg/kg IV single dose at induction A second dose of Gentamicin 80 mg IV may be given at 8 hours for a prolonged procedure. (*Try to complete infusion before starting procedure).

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

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