SEPTACAEMIA - TREATMENT

ACUTE, COMMUNITY ACQUIRED SEPTICAEMIA	
DO NOT DELAY STARTING TREATMENT. If in any doubt seek advice. The most common causes of community-acquired acute septicaemia are urinary tract infection, gall bladder sepsis (Gram negative organisms) or chest infection (pneumococci). After taking specimens of blood, urine and sputum for culture, the antibiotic of choice is:	
Initially	Cefuroxime 1.5g IV 8 hourly plus Gentamicin 7mg/kg IV 24 hourly (Review need to continue the following day) Refer to gentamicin dosing guideline for further information on monitoring.
If allergic to cephalosporins	Ciprofloxacin 400mg IV 12 hourly **plus** Gentamicin 7mg/kg IV 24 hourly Refer to gentamicin dosing guideline for further information on monitoring.
If anaerobic sepsis suspected e.g. with bowel derived flora	**Add** Metronidazole 500mg IV 8 hourly

HOSPITAL ACQUIRED SEPSIS	
1. LINE ASSOCIATED INFECTION Immunocompetent patients: most likely causes are *Staphylococcus aureus* and coagulase negative staphylococci, cornyneforms, occasionally haemolytic streptococci and, rarely, coliforms. Removal/resiting of line is mandatory and may be sufficient treatment alone. Do not leave a line *in situ* in order to give antibiotics for pyrexia with infected line site.	
If antibiotics are considered essential (e.g. local cellulitis or pus)	Flucloxacillin 500 mg IV 6 hourly **OR** Erythromycin 500 mg PO 12 hourly **OR** Clarithromycin 500 mg IV 12 hourly
If Flucloxacillin resistant	Teicoplanin (preferred) 400mg IV 12 hourly for 3 doses, then 400mg IV 24 hourly **OR** Vancomycin (contact Pharmacy or Microbiology for advice on doses)
Some staphylococci (certain *S. aureus* [MRSA] and 50% coagulase negative staphylococci) are resistant to flucloxacillin. Modify treatment in light of cultures of blood, site and line tip.	

2. IMMUNOCOMPROMISED	
Initially	Teicoplanin 400mg IV 12 hourly for 3 doses then Teicoplanin 400mg IV 24 hourly
If organism sensitive	Change to Flucloxacillin 1 g IV 6 hourly