

## SC/IM antibiotics – Do you use this route?

June – July 2010

Number of responses = 88

1) Have you ever used a single dose of SC/IM antibiotic for the reduction of purulent malodorous discharge from the mouth in the imminently dying patient? (one\_of)

answer	votes	% of vote
Yes - please continue with the survey	12	14%
No - please go to question 6	74	84%

2) Which SC/IM antibiotic have you used for the reduction of purulent malodorous discharge from the mouth in the imminently dying patient? (many\_of)

answer	votes	% of voters
IM Ceftriaxone with lidocaine	5	6
SC Ceftriaxone with lidocaine	5	6
IM Cefepime	0	0
SC Cefepime	0	0
Other IM antibiotic	3	3
Other SC antibiotic	0	0

All 3 'other IM antibiotic' responses were IM Ceftriaxone *without* lidocaine

3) If you administer **IM** Ceftriaxone with lidocaine, please give full details of your usual preparation and administration as below stating vial size, volume of lidocaine added and final dose and volume given into the number of injection sites. (freetext)

If patient was very cachexic we would give as 2 injections but normally it was well tolerated and effective
1g vial mixed with 3mL saline solution 2mL by deep IM injection into two sites (without lidocaine)
Ceftriaxone 1g mixed in 5mL saline, 2.5mL (500mg) drawn from the vial, 1mL 1% lidocaine drawn into the same syringe and given deep IM to buttock or thigh
1g vial without lidocaine
1g vial mixed with 3.5mL lidocaine 1% (total final volume 3.5mL, 1g (3.5mL) given by deep IM injection into one injection site

4) Do you generally see any undesirable effects for the IM regimen you have just described?

Pain upon administration was listed for the 2 responses which did not include lidocaine.

5) If you administer **SC** Ceftriaxone with lidocaine, please give full details of your usual preparation and administration as below stating vial size, volume of lidocaine added and final dose and volume given into the number of injection sites. (freetext)

1g vial mixed with 2.1mL lidocaine 1% (total final volume 2.8mL)
500mg ceftriaxone (0.5mL - half a 1g vial)) with 1mL lidocaine 1% SC at one site. Total volume 1.5mL (have sometimes used 1g ceftriaxone for total volume 2mL - still one site). Very rarely have had to repeat in same patient.
250mg vial mixed with 1mL lidocaine 1% (total final volume 1.2mL), 250mg (1.2mL) given by SC injection into one injection site

6) Do you generally see any undesirable effects for the SC regimen you have just described?

No undesirable effects were listed.

7) In your experience, how effective is the use of an antibiotic in reducing purulent malodorous discharge from the mouth in the imminently dying patient?

From the 12 responses, the main comment was that this was done rarely. In terms of effectiveness, answers generally ranged from 50-80%.

8) Have you ever given more prolonged courses of SC or IM antibiotics in your palliative care practice for patients who are not imminently dying?

There were 47 responses to this question, 36 members have not given more prolonged courses of SC or IM antibiotics. The remaining responses included:

- Cefuroxime 750mg IM (in 3mL WFI) for 3-10 days for pulmonary or urinary tract infection. Some patients complain of pain on injection
- Teicoplanin 200mg IM once daily for 10 days for cellulitis (1 specific patient in the community)
- Gentamicin IM for UTI
- Ceftriaxone IM mixed with 3mL lidocaine 1% for cellulitis or pneumonias
- Ceftriaxone 1g IM once daily mixed with 2mL lidocaine 1% for community use for symptomatic sepsis, well tolerated
- Ceftriaxone 1g SC b.d. for 8-10 days (no lidocaine), well tolerated
- Ceftriaxone 2g SC once daily for 3-7 days (no lidocaine), well tolerated.

9) Further comments

From the few comments received, IV antibiotics appear to be generally prescribed when PO route not feasible. For those who have not used SC/IM antibiotics, concerns were expressed over pain, low muscle mass and volume to be administered.