# ***ANTIBIOTICS POLICY FOR IN-PATIENT UNIT***

# ***ST. CLARE HOSPICE CENTRE, HASTINGWOOD***

The incidence of infections in palliative care patients is high due to compromising of the immune system by

*Underlying Malignancy
*AIDS
*Treatment e.g. Chemotherapy or Steroids

## General Principles:

1. The team should be clear as to whether the intent is prophylactic, curative or palliative.

2. Regimen used should be simple, with minimal side-effects.

3. Usage should be discussed with the patients or relatives.

4. If antibiotics are considered inappropriate, consider alternative supportive measures extensively e.g. Paracetamol for pyrexia, Hyoscine for chest secretions.

5. Basic infection control measures such as hand-washing and attention to hygiene should maintained.

6. Antibiotics should be considered for a full course in the full dose to avoid resistance.

7. Collection of specimens is very important. Urine samples should be subjected to 'multistix' dipsticks. **A negative dipstick almost excludes there being an infection present.(Ref. Br J G P 1990;40)**

8. For palliative care patients, except in the case of neutropenic sepsis, there is no evidence that I/V antibiotics are better than oral antibiotics, if taken appropriately. (Ref. Pall Care Today: 1990)

9. Consider before prescribing:
   a) ?likely pathogens
   b) ?spectrum of antibiotics
   c) ?Patient allergic to any antibiotics
   d) ?Any interactive drugs e.g.Warfarin

10. If treatment fails, consider:
   a) ?dose adequate
   b) ?Compliance
   c) ? Correct antibiotics
   d) ?another infection/ another organism

## Specific Infections:

### ***Sore Throat:***

Likely organism: Viral
Streptococcus Pyogenes

Note: MRSA and Neisseriea Meningitides do not cause Sore throat.

Treatment: Amoxicillin 250-500 mg tds (10 days)
If allergic: Clarithromycin 250-500 mg bid. (10 days)

### ***Otitis Media:***

Likely organism: Streptococcus Pneumoniae
Haemophilus influenzae

Note: If no frank discharge, swabs do not help.

Treatment: Amoxicillin 250-500 mg tds (5-7 days)
2nd line: Augmentin for 7 days

### ***Lower Respiratory Tract Infections:***

Likely organisms: Streptococcus Pneumoniae
Haemophilus influenzae
Mycoplasma Pneumoniae

Severe Pneumonia may need I/V antibiotics.

Treatment: Amoxicillin 250-500 mg tds (7 days)
2nd line: Augmentin (7 days)

**+/-** Clarithromycin 250-500mg bid

***Urinary Tract Infection:***

Likely organisms: **Acute uncomplicated……**
E.Coli
Klebsiella
Proteus
Enterococci
Staphylococci

Note: Always obtain a urinary sample first.

Treatment: Trimethoprim 200 mg bid. (5 days)
If Allergic: Nitrofurantoin 100 Mg bid. (5 days)

**Recurrent…**

Treatment: Augmentin

Note: If catheterised, every patient is susceptible to Bacterial overgrowth. If clinically indicated (Symptoms and growth), use acute infection regime. Always change the catheter.

***Skin and superficial soft tissue infections:***

**Bites and Dirty wounds:**

Likely organisms: Staphylococci
Streptococcus Pyogenes

Treatment: Augmentin 375-625 mg tds (5 days)

**Boils, infected minor injuries, secondary infections of blisters and vesicular rashes:**

Likely organisms: Staphylococcus Aureus

Treatment: Flucloxaxcillin 250 mg qds (7 days)
If allergic: Clarithromycin

**Impetigo:**

Treatment: Topical Fucidic Acid

**Cellulitis:** Amoxicillin 250-500 mg t.d.s. (7 days)
+
Flucloxacillin 250-500 mg q.d.s. (7 days)

**Leg Ulcers:**

Pseudomonas is inevitable. Do not treat if there is no obvious Cellulitis.