

Criteria for prescribing Dalbavancin during COVID 19

Inclusion

- Patients presenting with a **severe** COVID related bacterial chest infection

OR

Patients deteriorating following treatment for **moderate** infection who are being managed at home by the Rapid Response Service

- Restricted to community use to increase nursing capacity so to be considered as an alternative to three times a day IV Tazocin (as per current guidelines)
- CRP of greater than 100

Prescribing

Can be prescribed by

- A RR independent non-medical prescriber within their agreed scope of competence
- A GP/medical prescriber. This is likely to be using remote prescribing. Refer to the Physical Health POPAM section 2.1.11

Dosing

1500mg IV Dalbavancin as a stat dose (see clinical guidelines for prescribing * note reduced dose in renal impairment)

AND

For 65 years and over Co-Trimoxazole oral 960mg twice a day (7 day course)

For under 65 years Levofloxacin oral 500mg twice a day (7 day course)

Follow up

Patients will continue to be monitored by the Rapid Response Service whilst acutely unwell.

On improvement and discharge follow up triage call after 7/7 to review.

If poor response to regime consider IV Ertapenem (discuss with microbiology)

For reference <https://www.gloshospitals.nhs.uk/gps/antimicrobial-resources/>

How severe is my patient's infection? Infection severity classification:

Do any 2 apply?

- Temperature less than 36°C or more than 38.3°C
- Respiratory Rate more than 20/minute
- Heart Rate more than 90/minute
- Acutely altered mental state
- WBC greater than 12x10⁹/L or less than 4x10⁹/L
- CRP greater than 100

No? Treat as A (minor to moderate infection/ admit patient?) Yes? see below

Do any apply?

- Systolic Blood Pressure less than 90 mm Hg
- Mean Arterial Pressure less than 65 mm Hg
- Lactate greater than 2
- Urine output less than 0.5ml/kg/hr OR creatinine above 177
- SpO₂ less than 90%
- Platelets less than 100
- INR above 1.5
- Bilirubin above 34

No? Treat as B (moderate to severe infection/ admit patient) Yes? Treat as C (serious life-threatening infection/ mortality ~ 35%)

Have you considered Sepsis?

The 'Sepsis Six' are six tasks which, when delivered to patients within one hour of recognition of sepsis, can half the risk of death for patients (Surviving Sepsis Campaign).

1. 100% Oxygen
2. IV fluid bolus
3. Blood cultures
4. IV antibiotics
5. Lactate & bloods
6. Monitor urine output

