



Local Adaptation for Gloucestershire Oct 2021 vs1

https://www.bnf.org/news/2021/07/29/bnf-hosts-antimicrobial-summary-guidance-on-behalf-of-nice-and-phe/

## Summary of antimicrobial prescribing guidance - managing common infections

- . For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children Click to access NICE's printable visual summary

Infection	Key points	Medicine	Doses		Length	Visual	
			Adult	Child	Lengui	summary	
▼ Meningitis							
Suspected meningococcal disease	Transfer all patients to hospital immediately. 1D  If time before hospital admission, 2D,3A+ and non-blanching rash, 2D,4D give IV cefotaxime 2D or IV benzylpenicillin 1D,2D,4D  Do not give IV antibiotics if there is a definite history of anaphylaxis; 1D rash is not a contraindication. 1D	IV or IM cefotaxime <sup>2D</sup> (Within Gloucestershire Cefotaxime is first choice)  OR	Child <12 years: 50mg/kg <sup>5D</sup> Adult/child 12+ years: 1g <sup>5D</sup>		Stat dose; <sup>1D</sup> give IM, if vein cannot be accessed <sup>1D</sup>	Not available. Access the supporting evidence and rationales on the PHE website	
NOTE: local guidance differs from that published by Public Health		IV or IM benzylpenicillin <sup>1D,2D</sup>	Child <1 year: 300mg <sup>5D</sup> Child 1–9 years: 600mg <sup>5D</sup> Adult/child 10+ years: 1.2g <sup>5D</sup>				
England  Local guidance; last updated Feb 2019							
Prevention of secondary case of meningitis Public Health England Last updated: July 2019	Only prescribe following advice from your local health protection specialist/consultant: \$\alpha\$ 9am-5pm 0300 303 8162  Out of hours: contact Public Health on -call: \$\alpha\$ 0344 257 8195  Expert advice is available for managing clusters of meningitis. Please alert the appropriate organisation to any cluster situation.  Public Health England, Colindale (tel: 0208 200 4400)  AWARe (all Wales Acute Response team) (tel: 0300 003 0032)  Access the supporting evidence and rationales on the PHE website						

## SUSPECTED MENINGOCOCCAL DISEASE - LOCAL GUIDANCE FOR GLOUCESTERSHIRE

Gloucestershire consultant microbiologists recommend **Cefotaxime** first line for the following reasons:

- Cefotaxime has better blood brain barrier penetration
- Cefotaxime has a broader spectrum of action and is effective against Penicillin resistant Pneumococci, Penicillin resistant Meningococci and Haemophilus influenzae (organisms that have all caused meningitis in patients in Gloucestershire)
- Cefotaxime can be given in Penicillin allergy unless history of Penicillin immediate type or severe hypersensitivity.
- Cephalosporins are given to patients with meningitis in hospital and therefore Cefotaxime is consistent with hospital treatment.
- ❖ Patients with meningitis usually come from community settings at lower risk of C. difficile.
- Cefotaxime, like Benzylpenicillin, can be given IV or IM, and has a reasonably long shelf-life for storage.

For information on how to obtain stock in primary care -please see below

## Cefotaxime injection – how to order stock

Cefotaxime injection is no longer stocked by the pharmaceutical wholesaler Alliance Health Care. It is, however, available to be ordered for use in primary care directly from the manufacturer Bowmed Ibisqus Ltd. The cefotaxime vials are delivered and invoiced directly (no additional charge), via the pharmaceutical wholesaler AAH under a system called H marker release which permits usual hospital lines to be supplied to primary care.

Borned Cefotaxime comes in two strengths 1g and 500mg and both are in a pack of 10 vials.

Sites wishing to obtain an order should complete the table below with their requirements to include the full address and return to orders@bowmed.com we will then authorise for delivery to the account address

Abbreviations: IM - intramuscular; IV- intravenous