

# **CLINICAL GUIDELINE**

# Antibiotic Surgical Prophylaxis, HNS GGC, Obstetric Procedures

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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#### **Important Note:**

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.



# NHS Greater Glasgow and Clyde recommendations for antibiotic prophylaxis in Obstetric Procedures

**Single dose,** IV prophylaxis ≤ 60 minutes prior to skin incision/ intervention For information on antibiotic dosing in Surgery, including information for antibiotic re-dosing in long operations, for blood loss and for gentamicin dosing see <a href="Principles of Surgical Prophylaxis (1039)">Principles of Surgical Prophylaxis (1039)</a> | Right Decisions (scot.nhs.uk)

See Appendix 1 below for teicoplanin # dosing in Group B streptococcus prophylaxis.

- Give teicoplanin by slow IV injection over 3-5 minutes.
- Teicoplanin and gentamicin are **incompatible** when mixed directly and must not be mixed before injection.

See Appendix 2 for IV gentamicin\* dosing

See Appendix 2 for I\								
Procedure	Recommended antibiotic		Comments					
	regimen							
Caesarean Section	Co-amoxiclav IV 1.2g		> 100 Kg					
		Co-amoxiclav	add 1g IV amoxicillin to					
	or in penicillin allergy		1.2 g IV co-amoxiclav					
	,		9					
	Clindamycin IV 600 mg							
	And							
	Gentamicin* IV							
3 <sup>rd</sup> Degree Tear	Co-amoxiclav IV 1.2g	6 hours later se	econd dose of					
			IV co-amoxiclav 1.2g					
	or in penicillin allergy		penicillin allergy					
	or in pernemin anergy	IV clindamycin						
	Clindamycin IV 600 mg	TV OIITIGATTYON						
	And		> 100 Kg					
	Gentamicin* IV	Co-amoxiclav	add 1g IV amoxicillin to					
	Gentamicm 1V		1.2 g IV co-amoxiclav					
		No repeat dosing of gentamicin.						
4 <sup>th</sup> Degree Tear	Co-amoxiclav IV 1.2g	6 hours later se	6 hours later second dose of					
		IV co-amoxiclav 1.2g						
	or in penicillin allergy	or in penicillin allergy						
		IV clindamycin 600mg						
	Clindamycin IV 600 mg		-					
	And	Then Oral Co-amoxiclav 625mg 8 hourly						
	Gentamicin* IV		for total duration (IV/oral) 5 days					
		or in penicillin allergy						
		oral clindamycin 600mg 8 hourly for total						
		duration (IV/or						
			,, -					
			> 100 Kg					
		Co-amoxiclav	add 1 g IV amoxicillin to					
		Jo amoxidav	1.2 g IV co-amoxiclav					
			1.2 g IV CO-amoxiciav					

Procedure	Recommended antibiotic	Comments						
1 10000410	regimen	Comments						
Manual removal of Placenta	Co-amoxiclav IV 1.2g or in penicillin allergy	Specific antibiotic prophylaxis recommended for patients with proven Chlamydia or gonorrhoea						
			> 100 Kg					
	Clindamycin IV 600 mg	Со-	add 1 g IV amoxicillin to					
	And Gentamicin* IV	amoxiclav 1.2 g IV co-amoxiclav						
	Gentamicm 1V							
Pre-term, pre-	Erythromycin oral 250mg 6		nly required if no					
labour rupture of membranes.	hourly for 10 days	evidence of chorioamnionitis						
memoranes.		Erythromycin serious drug interactions (see BNF Appendix1) and QTc						
		prolongation						
Group B	Benzylpenicillin IV 3g	Always give IAP however soon the						
streptococcus	Then	woman is likely to deliver. Know that it						
prophylaxis (specific)	Benzylpenicillin IV 1.8g every 4 hours until delivery	is more effective the earlier it is started (at least > 2-4 hours before delivery)						
(opcomo)	every 4 flours drittl delivery	,	tinued without					
	or in penicillin allergy	interruption until delivery. For						
	Teicoplanin # 12mg/Kg 12	benzylpenicillin given > 1 hour la						
	hourly for 3 doses then 24 hourly until delivery	further loading dose of 3g is required.						
		ised on most recent						
			round to nearest 100mg					
		(max dose 800mg) See Dosing table, Appendix 1						
Operative Vaginal	Co-amoxiclav IV 1.2g	OGE DOSING to	> 100 Kg					
Births		Co-	add 1g IV amoxicillin to					
(To be given as	or in penicillin allergy	amoxiclav 1.2g IV co-amoxiclav						
soon as possible			-					
after delivery, and								
no more than 6	And Contamicin* IV							
hours after delivery)	Gentamicin* IV							

# Appendix 1 Teicoplanin \* Dose Banding for GBS Prophylaxis

Most recent weight	Dose (mg)
Less than 36kg	400mg
36 - 45.9 kg	500mg
46 - 53.9 kg	600mg
54 - 61.9 kg	700mg
62kg or above	800mg

## Appendix 2 IV Gentamicin\* dosing for surgical prophylaxis in adult male and female patient

- In obstetric patients use the patients booking weight and height
- Avoid gentamicin if CrCl < 20 ml/min: seek advice on alternative from microbiology.
- In renal transplant patients avoid gentamicin and seek advice from microbiology or renal team.
- Use GGC CrCl calculator to assess renal function. Do not use eGFR in patients at extremes of body weight.
- Use the patient's actual body weight and height to calculate the gentamicin dose, using table below. This prophylactic gentamicin dosing table is based on approximately 5 mg/kg actual body weight/ adjusted body weight.<sup>5</sup>
- Doses of up to 600 mg gentamicin can be given undiluted by slow IV injection over 3 5 minutes, or diluted to 20 ml with 0.9
   % saline and given slowly over 3-5 minutes, administer via large peripheral vein or central line.
- Monitor for signs of extravasation or infiltration e.g. swelling, redness, coolness or blanching at the cannula insertion site.

BOOKING WEIGHT HEIGHT	30 – 39.9 kg	40 – 49.9 kg	50 – 59.9 kg	60 – 69.9 kg	70 – 79.9 kg	80 – 89.9 kg	90 – 99.9 kg	100 – 109.9 kg	110 - 119.9 kg	120 - 129.9 kg	130 - 139.9 kg	140 - 149.9 kg	150 - 159.9 kg	160 - 169.9 kg	170 - 179.9 kg	180 - 189.9 kg	≥190 kg
142 - 146 cm 4'8" - 4'9"	180 mg	200 mg	220 mg	240 mg	260 mg	280 mg	300 mg	320 mg	340 mg	360 mg							
147 - 154 cm 4'10" - 5'0"	180 mg	200 mg	240 mg	260 mg	280 mg	300 mg	320 mg	340 mg	360 mg	380 mg	400 mg						
155 - 164 cm 5'1" - 5'4"	180 mg	200 mg	260 mg	280 mg	300 mg	320 mg	340 mg	360 mg	380 mg	400 mg	420 mg	440 mg	480 mg				
165 - 174 cm 5'5" - 5'8"		200 mg	280 mg	300 mg	320 mg	340 mg	360 mg	380 mg	400 mg	420 mg	460 mg	480 mg	480 mg	520 mg	540 mg		
175 - 184 cm 5'9" - 6'0"		200 mg	280 mg	320 mg	360 mg	380 mg	400 mg	420 mg	440 mg	460 mg	480 mg	500 mg	520 mg	540 mg	560 mg	580 mg	600 mg
185 - 194 cm 6'1" - 6'4"			280 mg	320 mg	360 mg	400 mg	420 mg	440 mg	460 mg	480 mg	500 mg	540 mg	560 mg	580 mg	600 mg	600 mg	600 mg
≥195 cm ≥6'5"				320 mg	360 mg	420 mg	460 mg	480 mg	500 mg	520 mg	540 mg	560 mg	580 mg	600 mg	600 mg	600 mg	600 mg

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- 2. www.medscope.com/viewarticle/742992
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