

Alert Antimicrobial Summary

'Alert' antimicrobials are for restricted use only, under the authorisation of a Medical Microbiologist, or Infectious Diseases (or other relevant) Specialist, and/or according to approved indications within local guidelines/policies. **NB:** This policy does not apply to the Intensive Care Unit or Infection Unit at ARI or the Neonatal Unit at AMH.

❖ Alert Antimicrobials that require MEDICAL MICROBIOLOGY or INFECTIOUS DISEASES (or other) SPECIALIST AUTHORISATION for ALL indications:

Amikacin IV (Ophthalmologist)	Meropenem/Vaborbactam IV
Anidulafungin IV (Haematologist)	Micafungin IV (ICU physician)
Caspofungin IV (Haematologist)	Ofloxacin oral (Genito-Urinary Medicine Specialist, Urologist)
Ceftobiprole IV	Posaconazole IV/oral (Haematologist, Oncologist)
Colistimethate Sodium IV/inhaled (Respiratory or CF Specialist)	Rifaximin oral (Gastroenterologist)
Dalbavancin IV	Tedizolid IV/oral
Daptomycin IV	Tigecycline IV
Ertapenem IV	Tobramycin IV/inhaled (Respiratory/Cystic Fibrosis Specialist)
Fidaxomicin oral	Valganciclovir oral (Ophthalmologist, Renal Specialist)
Fosfomycin IV	Voriconazole IV/oral (Haematologist)
Ganciclovir IV (Ophthalmologist, Renal Specialist, Haematologist)	
Isavuconazole IV/capsules (Haematologist)	

❖ Alert Antimicrobials that are allowed for SPECIFIED INDICATIONS

For use outwith the indications listed below authorisation/ recommendation must be obtained from Medical Microbiology or Infectious Diseases/other Specialist. See [Appendix 1](#) for full details.

<p>Aztreonam injection</p> <ol style="list-style-type: none"> As alternative to gentamicin in patients with CrCl<30mL/min treated empirically for sepsis of unknown origin. As an alternative to gentamicin in high risk patients with CrCl<30mL/min treated empirically for neutropenic sepsis. <p>Refer to: NHS Grampian Guidance On The Use Of Aztreonam</p> <p>Cefotaxime Injection</p> <ol style="list-style-type: none"> Treatment of meningitis in penicillin allergic patients in primary care as a single dose prior to admission to hospital. Treatment of suspected sepsis in primary care as a single dose prior to admission to hospital if anticipated from assessment to arrival at hospital is > 1 hour. Children and infants only: meningitis, brain abscess, pyelonephritis/urosepsis, sepsis. <p>Ceftazidime Injection</p> <ol style="list-style-type: none"> Documented or suspected Pseudomonas aeruginosa infection. Febrile neutropenia in those with mild penicillin allergy, in accordance with haematology or oncology sepsis protocol. Empiric therapy for CAPD associated peritonitis. Empiric therapy for infective exacerbations of cystic fibrosis. Bronchiectasis. Endophthalmitis. <p>Ceftriaxone Injection</p> <ol style="list-style-type: none"> Bacterial meningitis. Brain abscess. Pelvic Inflammatory Disease (IM/IV). Epididymitis (IM). Chancroid (IM). Gonorrhoea (IM). Orbital cellulitis. Acute bacterial skin and skin structure infections (ABSSSI) in adults suitable for Outpatient Parenteral Antibiotic Therapy (OPAT). <p>Chloramphenicol Injection</p> <ol style="list-style-type: none"> Bacterial meningitis in patients allergic to penicillin. 	<p>Clindamycin Injection, capsules, suspension</p> <ol style="list-style-type: none"> Oral switch in osteomyelitis in patients allergic to penicillin. Diabetic foot infection as per the Scottish Diabetes Foot Action Group Guideline (endorsed by SAPG). Necrotising fasciitis or severe or rapidly progressing skin infection in an intravenous drug user. Surgical prophylaxis where specified in departmental guideline. Second line oral/IV option for patients with lymphoedema unresponsive to first line therapy or penicillin allergic. Children and infants only: Toxic shock syndrome, second line for appendicitis, peritonitis, penetrating abdominal trauma, pilonidal abscess, perianal abscess, acute osteomyelitis, septic arthritis, acute discitis, deep myositis, orbital cellulitis, pre-septal cellulitis, quinsy, cellulitis and post-operative wound infections if penicillin allergic. <p>Levofloxacin Infusion, tablets</p> <ol style="list-style-type: none"> Second line in accordance with guidelines for severe pneumonia in hospitalised patients where there is proven penicillin or macrolide resistance or allergy. <p>Linezolid Infusion, tablets, suspension</p> <ol style="list-style-type: none"> Staphylococcal pneumonia (e.g. post influenza infection) in patients with penicillin allergy. For MRSA infections post vascular surgery where an oral option is required. <p>Meropenem injection</p> <ol style="list-style-type: none"> Febrile neutropenia, in accordance with haematology or oncology sepsis protocol or NHS Grampian empirical antimicrobial guidelines. <p>Piperacillin/tazobactam Infusion</p> <ol style="list-style-type: none"> Febrile neutropenia, in accordance with haematology or oncology sepsis protocol and empirical guidelines. Severe diabetic foot infection in non-antibiotic naïve patients as per the Scottish Diabetes Foot Action Group guideline (endorsed by SAPG). <p>Temocillin injection</p> <ol style="list-style-type: none"> As an alternative to gentamicin if more than 72 hours intravenous therapy is required according to recommendations in the 'Piperacillin/tazobactam Shortage Resolved SBAR March 2018' or NHS Grampian empirical antimicrobial guidelines.
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See full guidance for optimising use of alert (restricted) antimicrobials in adults:

<https://foi.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/nhsgabalert.pdf> or GJF for full prescribing information: nhsgrampian.org/gjf