

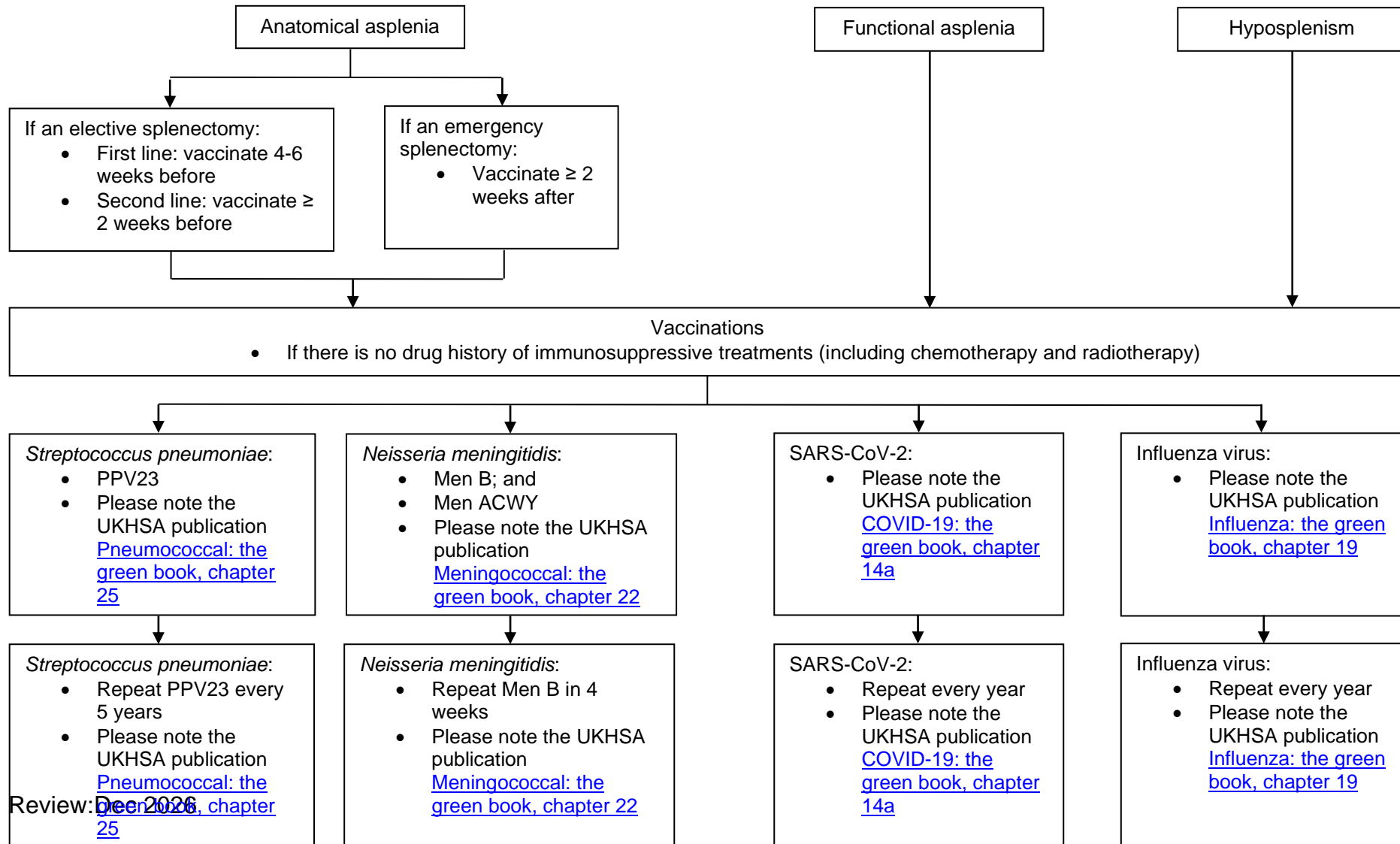
# Impaired Splenic Function in Adults; Prevention of Infection - Microbiology Summary Clinical Guideline

Reference number:CG-ANTI/2023/012

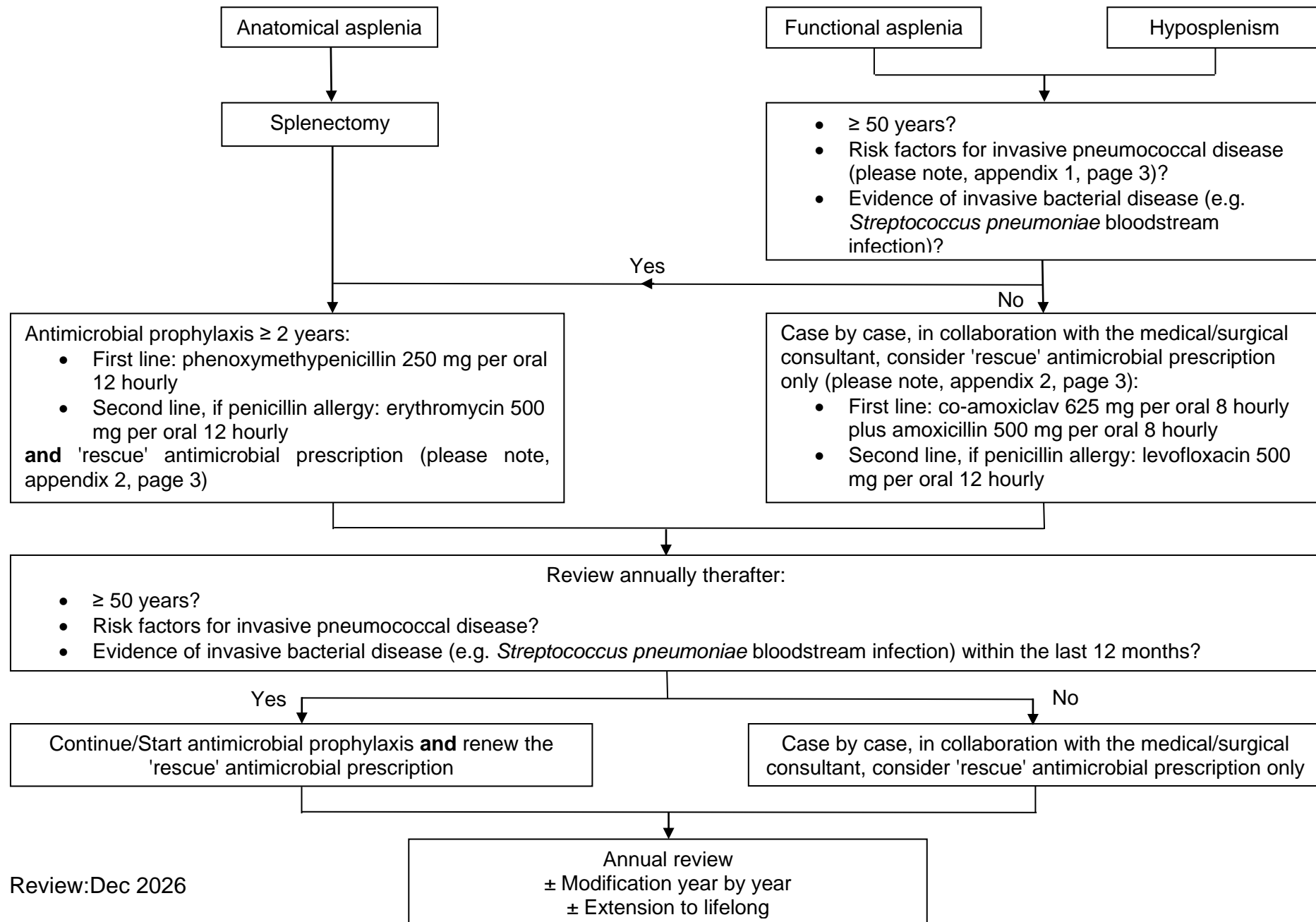
## Patient education

- [Information for patients with an absent or dysfunctional spleen](#)
- [Splenectomy: patient record card](#)
- [Travel health advice](#)
- [Information on the spleen](#)

## Vaccination



Antimicrobial prophylaxis



## Appendix 1: risk factors for invasive pneumococcal disease

- Invasive pneumococcal disease is associated with an eclectic array of risk factors including:
  - Past medical history:
    - Chronic pulmonary disease (e.g. asthma, chronic obstructive pulmonary disease).
    - Chronic cardiovascular disease (e.g. cardiomyopathy, heart failure); immunodeficiency (e.g. haematological malignancy, hematopoietic cell transplant, solid organ transplant, human immunodeficiency virus).
    - Chronic renal failure.
    - Chronic liver disease (e.g. cirrhosis); inflammatory bowel disease.
    - Diabetes mellitus.
  - Drug history:
    - Glucocorticoids.
  - Social history:
    - Alcohol abuse; cigarettes; crack cocaine use; opioid use.

## Appendix 2: 'rescue' antimicrobial prescriptions

- Noting that antibiotic prophylaxis complications include the selection of sub-populations of microorganisms with resistance to the antimicrobial; and
  - With the UKHSA outlining - within the [information for patients with an absent or dysfunctional spleen](#) - that "Most illnesses will be minor and can be dealt with as usual but sometimes a fever, sore throat, severe headache or abdominal pain may be the beginning of something more serious":
    - To reduce the risk of infection progressing into [sepsis](#), etc., 'rescue' antimicrobial prescriptions can be considered with regard to outpatient management:
      - First line: co-amoxiclav 625 mg per oral 8 hourly plus amoxicillin 500 mg per oral 8 hourly.
      - Second line, if penicillin allergy: levofloxacin 500 mg per oral 12 hourly.
- [Sepsis](#) (a life threatening organ dysfunction caused by a dysregulated host immune response to infection) warrants inpatient management.

## Appendix 3: nil by mouth

- If the patient is nil by mouth:
  - If there is no extra indication for antimicrobial chemotherapy:
    - Phenoxymethylpenicillin per oral can be converted to benzylpenicillin intravenously.
    - Erythromycin per oral can be converted to clarithromycin intravenously.
  - If there is an extra indication for antibiotics:
    - Empiric intravenous antimicrobials with antipneumococcal activity include co-amoxiclav, piperacillin tazobactam, cefuroxime, ceftriaxone, meropenem, teicoplanin, vancomycin, daptomycin, clarithromycin, clindamycin, linezolid, co-trimoxazole, and levofloxacin.