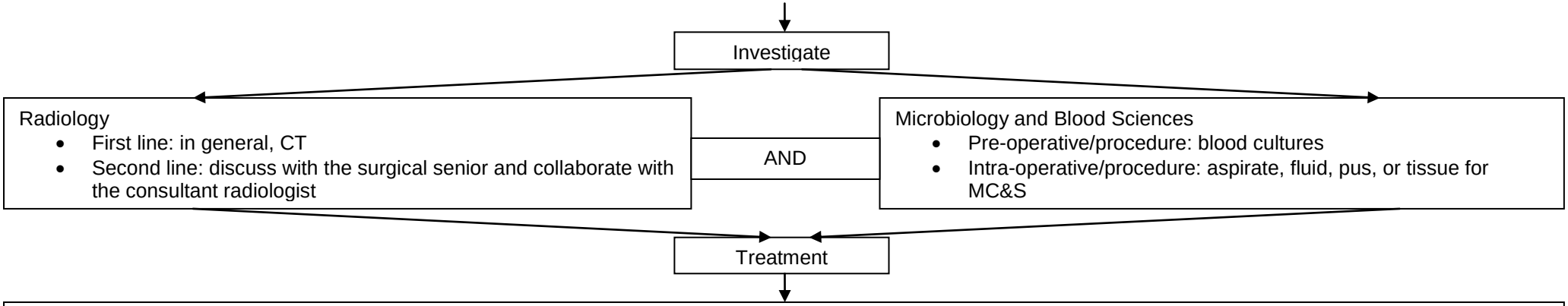
University Hospitals of Derby and Burton NHS Foundation Trust

Infected Necrotising Pancreatitis in Adults - Microbiology Summary Clinical Guideline

Reference number: CG-ANTI/2017/30

Clinical concerns re infective, necrotising pancreatitis (e.g. clinical deterioration, or signs of sepsis, in patients with moderately severe or severe acute pancreatitis)



Surgical, Radiological, and Gastroenterology Interventions

- Source control can enable: elimination of the origin(s) of the infectious episode; reduction of the microbial inoculum; identification of the causative agent(s); and, restoration of host physiological function
- Collaborative discussions within complex, benign HPB MDT meetings regarding:
  - Necrosectomy by surgery; versus
  - Image-guided percutaneous drainage by radiology; versus
  - Endoscopic cystogastrostomy or necrosectomy by gastroenterology

Empiric, Intravenous Antibiotics

- First line:
  - Piperacillin tazobactam 4.5 g 6 hourly
- Second line, if non-immediate without systemic involvement penicillin allergy:
  - Ceftazidime 2 g 8 hourly; and
  - Metronidazole 500 mg 8 hourly; and
  - Glycopeptide (vancomycin or teicoplanin), dose as per hospital guidelines, vancomycin target pre dose level 15-20 mg/l, teicoplanin target pre dose level 15-30 mg/l
- Third line:
  - Ciprofloxacin 400 mg 8 hourly; and
  - Metronidazole 500 mg 8 hourly; and
  - Glycopeptide (vancomycin or teicoplanin), dose as per hospital guidelines, vancomycin target pre dose level 15-20 mg/l, teicoplanin target pre dose level 15-30 mg/l.

Directed, Intravenous or Per Oral Antibiotics: with microbiology cultures and sensitivities

NB In general, anti-fungals are reserved for patients with cultures of *Candida* species from blood or intra-operative/procedural fluid, pus, or tissue