



ANTIBIOTIC POLICY

AIMS AND OBJECTIVES:

1. To provide evidence-based quality empirical as well as specific treatment of common musculoskeletal infections.
2. Formulate standard operating protocols for the department of orthopaedics so as to ensure uniformity of treatment guidelines.
3. Minimise emergence of antibiotic resistance in the community.

PRINCIPLES OF TREATMENT:

1. These guidelines are laid down for pyogenic infections of the bones and soft tissue. They do not apply to cases of Atypical bacterial/Fungal/Tubercular infections.
2. All protocols are as per latest evidence.
3. While guidelines are laid down to ensure uniformity across the department, they can be revised from time to time, depending upon evolving health-care scenarios.
4. The type, dosing and frequency of antibiotics can be modified by the treating consultant depending upon the clinical scenario.
5. Resident doctors need to take prior approval of the consultant in-charge of a case before changing/upgrading to a higher antibiotic.
6. Cases of infected implant may warrant additional debridement + implant removal.
7. Septic arthritis is an EMERGENCY and symptomatic cases may directly be taken to the operating room for debridement, if diagnostic work-up is delayed.
8. Musculoskeletal infections usually have a protracted course of treatment and prognosis if often variable. As such, all patients need to be counselled accordingly.
9. Culture samples should be sent prior to starting the patient on antibiotics. In case patient is already on antibiotics, the same may be withheld for 48 hours prior to sending the sample (the decision to stop antibiotics may be individualized as per the patient's clinical condition).
10. All beta-lactams need prior sensitivity testing before they are started.

GUIDELINES/ STANDARD OPERATING PROTOCOLS:

See attached document.