3. Empirical management

In all cases

Take paired blood culture samples from the CVAD & a peripheral site

In multi-lumen devices (e.g. central line) take samples from **each** lumen before starting antibiotics

- Label each sample appropriately

*** Only staff that have been trained & deemed competent in care and maintenance of CVADs should take blood cultures***

a. **Exit site looks clean and no inflammation, pain or pus is present**

	Treatment
Stable patient	• IV Vancomycin through the CVAD and ensure levels are taken as per protocol. • Add IV Gentamicin if deterioration.
Unstable patient **Severe sepsis or septic shock** • A-B-C-D assessment & action • Remove CVAD if safe to do so and send tip to microbiology lab in white top universal container • If CVAD cannot be removed then indicate reason(s) in the clinical notes.	• IV Vancomycin & IV Gentamicin through the CVAD (if retained) or peripheral venous cannula (if CVAD removed) and ensure levels are taken as per protocol. • **Parenteral nutrition (TPN) patients:** Add IV Caspofungin (consult BNF for dosing) 1. Review fluid needs in absence of TPN 2. Speak to pharmacist **and** dietician about TPN patients with CVAD infections as soon as possible

b. **Inflamed exit site and/or pus or discharge is present**

All Patients • Remove CVAD if safe to do so and send tip to microbiology lab in white top universal container • If CVAD cannot be removed then indicate reason(s) in the clinical notes.	• IV Flucloxacillin through a newly inserted peripheral cannula • **Penicillin allergy or MRSA**: IV Vancomycin through a newly inserted peripheral venous cannula • Add IV Gentamicin if deterioration

***If the patient is neutropaenic please ensure the neutropaenic sepsis policy is followed in addition to the above**

Note on prescribing: Review previous microbiology results and alerts for any resistant organisms (e.g. MRSA, VRE, CPE). If identified then discuss empirical antibiotic cover with microbiology.

It is the clinical team's responsibility to look over previous results and alerts.