NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINES

Bomb Blast Injuries Antibiotic Management for Adults

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

GG&C Emergency Department Adults Antibiotic Management in Bomb Blast Injuries

This guidance is adapted from Public Health England guidance (issued May 2017) and is intended for ED use. Further advice on ongoing antibiotic management may be provided by microbiology if required. In addition to antibiotics, tetanus and BBV exposure should be considered:

Tetanus immunisation

ALL bomb blast victims with injuries must have their tetanus immunisation status checked and treated according to the extant advice on management of patients with tetanus prone wounds in the 'Green Book'3.

Hepatitis B vaccination

ALL patients who sustained injuries that breached skin must receive an accelerated course of Hepatitis B vaccination (0, 1, and 2 months, or, day 0, day 7, day 21 and at 12 months). Patients who are discharged from inpatient care before completion of an accelerated hepatitis B vaccination course should receive remaining doses of vaccine either at out-patient follow up, or by arrangement with their GP

ALL patients should be tested at 3 months to determine their hepatitis B vaccine response and at 3 months and 6 months to determine their hepatitis C and HIV status.

Post exposure prophylaxis for HIV

HIV PEP is not usually required. Discuss with ID on call if uncertain

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Emergency Department Adult Antibiotic Management of Bomb Blast Injuries

	IV therapy	Oral switch	Duration/comments
Soft Tissue Injury +/- Foreign body (FB) *in situ*	Co-amoxiclav 1.2g 8 hourly **OR if Penicillin allergy** Clindamycin 600mg 6 hourly **And** Gentamicin (dose as per gentamicin treatment guidelines, max 4 days)	Co-amoxiclav 625mg 8 hourly **OR if Penicillin allergy** Clindamycin 600mg 8 hourly **And** Ciprofloxacin 500mg 12 hourly	IV antibiotics until first surgical debridement/ washout and removal of projectile FB Oral therapy for 3 days post-debridement/removal of FB Or 7 days if FB retained
Open fractures OR "Through and through fractures" OR Intra-articular injuries	IV Co-amoxiclav 1.2g 8 hourly **OR if Penicillin allergy** Clindamycin 600mg 6 hourly **And** Gentamicin (dose as per gentamicin treatment guidelines, max 4 days)		Continue IV antibiotics until soft tissue closure or for a maximum of 72 hours whichever is sooner. Prolonged antibiotic therapy post op may be required – **discuss with microbiology**
Penetrating CNS injury (or <u>multiple penetrating injuries including</u> CNS)	Ceftriaxone 2g 12 hourly AND Metronidazole 400mg 8 hourly	Switch to oral metronidazole when able to swallow, but continue IV ceftriaxone	2 weeks if FB removed/ not in situ 6 weeks if FB retained
Open skull fracture from penetrating trauma	Ceftriaxone 2g 12 hourly	Co-amoxiclav 625mg 8 hourly **OR if Penicillin allergy** Ciprofloxacin 500mg 12 hourly **And** Clindamycin 600mg 8 hourly	IV therapy until closure IV/Oral therapy for 2 weeks
CSF leak post-skull fracture	No antibiotics indicated		Give Pneumovax
Internal Ear Injury	Keep clean and dry. Urgent referral to ENT for examination and removal of debris +/- instillation of antibiotic ear drops		
Penetrating eye injuries	IV route only if unable to swallow	Ciprofloxacin 500mg 12 hourly **And** Clindamycin 600mg 8 hourly **And**	2 weeks post removal of FB If FB remains in situ liaise with micro

		Topical Chloramphenicol 0.5% drops 2 hourly and 1% eye ointment nocte	
Penetrating abdominal/ thoracic wound	Co-amoxiclav 1.2 g 8 hourly **OR if Penicillin allergy** Clindamycin 600mg 6 hourly **And** IV Gentamicin (dose as per gentamicin treatment guideline, max 4 days) *If perforation and spillage of gastrointestinal contents* **Add** Fluconazole 400mg IV	Co-amoxiclav 625mg 8 hourly **OR if Penicillin allergy** Clindamycin 600mg 8 hourly And Ciprofloxaicn 500mg 12 hourly	IV therapy for 24 hours and IVOST when able to swallow Duration 7 days IV/ oral If FB remains *in situ* liaise with microbiology regarding duration Review ongoing antifungal cover with microbiology