

Antibiotic therapy

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Patients with septic shock, or with rapidly advancing local or systemic signs of infection, should receive prompt empiric antibiotic therapy. When delay in antibiotics would be unsafe, blood cultures, local aspiration of pus or radiologically guided biopsy may give valuable culture material immediately prior to starting antibiotics. In most cases, it is safe to delay antibiotics until definitive operative microbiological samples have been taken, particularly in chronic or implant-related infections. For patients who should be made; if safe to do so, antibiotics should be stopped at least 2 weeks before biopsy or surgery. Local guidelines should be followed, but most hospitals recommend a 'community-acquired' level of cover using an agent such as co-amoxiclav. Additional antibiotics to cover resistant Gram-positive organisms (e.g. vancomycin for methicillin resistant *S. aureus* [MRSA]) are considered if there has been significant prior hospital exposure or if the patient is known to be colonised with these organisms. Cover for resistant Gram-negative organisms (e.g. meropenem for *Pseudomonas* considered in certain settings, including severe diabetic foot infection. In the past, prolonged intravenous antibiotic courses (i.e. 4–6 weeks of treatment) were often recommended. The recent OVIV A trial has shown that oral therapy is equally effective, providing that the organism(s) is susceptible and the patient can tolerate the chosen antibiotic. Summary box 43.4 Antibiotics for osteomyelitis /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Septic shock needs treatment without delay, with antibiotics chosen empirically based on local guidelines. In clinically stable patients, antibiotics should be delayed until specimens have been taken. In elective surgery for osteomyelitis, antibiotics should be stopped at least 2 weeks in advance. Agents such as co-amoxiclav or ceftriaxone are appropriate for most community-acquired infection. Vancomycin or meropenem may be indicated for resistant species. Oral therapy is effective if susceptible organisms are cultured.

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