Redland Hospital

Queensland Government

MEMORANDUM

To:	Dr Graham Steel, Acting DMS, Katie Jefford, Nursing Director, Redland - Wynnum, Richard Smith , Director of Nursing , Marie Rose Centre, Eric Ford, Nurse Unit Manager – Wynnum, Nursing and Medical Staff , CNC-Infection Control		
Copies to:	Dr Naomi Runnegar, Infectious Diseases Physician, Duncan Jaffrey, Nursing Director, Surgery, Mellissa Knox, Nursing Director , Women & Birthing, Nurse Managers, Pharmacy Staff		
From:	Gabrielle Lambert – Director of Pharmacy Ashlea McCarron – Antimicrobial Stewardship Pharmacist	**Contact No:** **Fax No:**	3488 4433 3488 3136
Subject:	**Update on Intravenous piperacillin-tazobactam – resolution of global shortage**		

S This memo updates the information provided in the previous memo (05/02/2018) regarding the global shortage of piperacillin-tazobactam which has now largely resolved.

B Piperacillin-tazobactam has been in short supply since September 2017 and as a result switch/substitution guidelines have been in place since October 2017. Supply has been restricted to Infectious Diseases Approved Indications only.

A With the co-ordinated effort of all staff to adhere to the recommended switch guidelines and restrictions, there has been a significant reduction in the usage and adequate stock holding to allow for a reintroduction to revised empiric guidelines.

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1. Imprest availability: piperacillin-tazobactam will be available on specific ward imprests to facilitate access for indications in line with the Metro South Antimicrobial Prescribing Guidelines. These areas will be: Emergency, HDU, Macleay and Stradbroke wards. Individual patient supply will continue to be dispensed for approved indications on other wards.
2. Piperacillin-tazobactam switch guidelines: The previously distributed switch guidelines have been modified to reintroduce piperacillin-tazobactam for approved indications.
3. Approval for piperacillin-tazobactam usage: All usage of piperacillin-tazobactam outside the revised guidelines (see Appendix) requires specific Infectious Diseases approval. Prescribers should document the name of the approving Infectious Diseases Physician/Registrar in the appropriate field within the MAR.

4. Advice: The Redland Hospital visiting Infectious Diseases Physician (Dr Naomi Runnegar) should be consulted for clinical questions regarding appropriate antimicrobial therapy (contact via switch). The Metro South Infectious Diseases Physician on-call should be consulted after-hours (available at all times).

NB. The above advice is for the treatment of adult patients. For paediatric patients please refer to CHQ (LCCH) Empirical Antimicrobial Guidelines for antimicrobial choice and doses.

Gabrielle Lambert
Director of Pharmacy
23/05/2018

Ashlea McCarron
Antimicrobial Stewardship Pharmacist
23/05/2018

APPENDIX: Piperacillin-Tazobactam Empiric & Switch Guidelines – Redland Hospital Updated 23/05/18

	Indication	Indication Subset	Empiric Guideline Recommendations (see Notes)
Sepsis	Febrile neutropenia		**Piperacillin-tazobactam** (4.5g IV 6-hourly) & **Gentamicin** (as per Metro South Antibiotic Guideline)
	Hospital-acquired sepsis	Unknown source	**Piperacillin-tazobactam (**4.5g IV 8-hourly) [Add vancomycin for patients known to be MRSA colonised or have a central line in-situ]
	Proven *Pseudomonas* sp. infection		**Piperacillin-tazobactam** (4.5g IV 6-hourly) * **ID Approval Required**
Bone & Joint Infections	Open fractures		**Cefazolin** (2g IV 8-hourly) & **Metronidazole**† (400mg PO 12-hourly)
	Diabetic foot infections	Osteomyelitis or severe limb or life threatening infection	**Cefazolin** (2g IV 8-hourly) & **Metronidazole**† (400mg PO 12-hourly) Seek ID opinion if Pseudomonal cover required
Gastro-intestinal & intra-abdominal infections	Peritonitis; or Cholangitis; or Severe diverticulitis; or Intra-abdominal collection	If IV therapy is required beyond 48 hours, as follow on from a gentamicin based regimen	**Piperacillin-tazobactam** (4.5g IV 8-hourly)
	Spontaneous bacterial peritonitis in patients with ascites	For patients already on fluoroquinolone or trimethoprim + sulfamethoxazole prophylaxis	**Ceftriaxone** (2g IV daily) & **Ampicillin** (2 IV 6-hourly) OR as a single agent, use **Piperacillin-tazobactam** (4.5g IV 8-hourly)
Respiratory	Hospital-acquired pneumonia (HAP), including aspiration pneumonia		**Ceftriaxone** (1g IV daily) & if anaerobic infection is suspected, add **Metronidazole**† (400mg PO 12-hourly)
	Bronchiectasis	Infective exacerbation where *Pseudomonas aeruginosa* is proven	**Piperacillin-tazobactam** (4.5g IV 6-hourly) * **ID Approval Required**
	Empyema/lung abscess		**Ceftriaxone** (2g IV daily) & **Metronidazole**† (400mg PO 12-hourly)
Bites (moderate-to-severe established infection)			**Piperacillin-tazobactam** (4.5g IV 8-hourly)
All other indications	**Infectious Diseases approval is required before prescribing**		

* Approval by an Infectious Diseases Physician is required after 48 hours

† PO metronidazole is generally recommended given 80% oral bioavailability. Where the PO route is not feasible, use metronidazole 500mg IV 12-hourly

Notes: Please contact Infectious Diseases for specific clinical situations that may require alternate antimicrobial therapy (e.g. where known/suspected multi-resistant organisms, immunosuppression, allergies, or other complicating factors)