

# Letterkenny University Hospital - LUH Antimicrobial Prescribing Policy/Guidelines: Tunnel infection

## Initial Empiric therapy for suspected Tunnel Infection

- Check microbiology history i.e. history of colonisation, infection and previous sensitivities
- Prescribe **anti-fungal prophylaxis** while on antibiotics (see section on [Prophylaxis](#) )
- Consider PD catheter removal in patients with exit site or tunnel infection that progresses to, or occurs simultaneously with, peritonitis due to the same organism.

Empiric Antibiotics for suspected tunnel infection				
	1 <sup>st</sup> Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction See <a href="#">penicillin hypersensitivity section</a> for further information	Penicillin allergy: immediate or severe delayed reaction	Comment
No previous microbiology history of note	Flucloxacillin PO 1g every 6 hours	CefALEXin PO 500mg every 12 hours	Clindamycin PO 450mg every 6 hours	<b>Duration:</b> 3 weeks
Previous history of infection or colonisation with <a href="#">MRSA</a>	Vancomycin IP (intraperitoneal)* Loading dose = 30mg/kg (Max 3g) IP (intraperitoneal) stat. Check level every 3 days and re-dose as appropriate; target trough level: 15-20mg/L Maintenance dose = 15mg/kg (or adjusted if required) (Max 2g) *If Vancomycin cannot be administered by the IP (intra-peritoneal) route, or if there will be a significant delay, then it should be administered by the IV route. Give a loading dose: 25mg/kg (rounded to the nearest 250mg, Max 2g) IV dose and adjust as per renal team advice; switch to the intra-peritoneal route as soon as possible. Allergy to Vancomycin : Discuss with Microbiologist.			<b>Note :</b> at least 3 weeks for pseudomonas (i.e. may require longer treatment). In addition, when there is unsatisfactory treatment response, a second antipseudomonal drug should be added. Please discuss with consultant microbiologist.
Previous history of infection or colonisation with (ciprofloxacin sensitive) Pseudomonas	Add <a href="#">Ciprofloxacin</a> PO 500mg every 12 hours (i.e. in <b>addition</b> to empiric cover above while awaiting sensitivities)			
<b>*Follow culture and sensitivity and modify antibiotic choice based on results*</b>				
When a tunnel infection does not resolve with effective antibiotics, consider simultaneous removal and reinsertion of PD catheters with a new exit site, under appropriate antibiotic coverage.				