

QR code for mobile view

Abbreviations:

AFB = Acid-fast bacteria ID = Infectious disease

Antibiotic dosing in patients with normal renal function:

Ceftriaxone: 50 mg/kg IV q12h (max 2000 mg/dose)

Metronidazole: 10 mg/kg IV q8h (max 500 mg/dose)

Vancomycin (Consider an empiric maximum dose of 1000 mg/dose):

- 3 months to < 12 years: 20 mg/kg IV q6h
- ≥ 12 years: 15 mg/kg IV q6h

Patient conditions in which neurosurgical intervention may be beneficial:

- Focal neurological deficit or does not follow commands
- New onset seizures in the absence of meningitis
- 3. Subdural empyema per neurosurgery

Patient presents with concern for intracranial infection

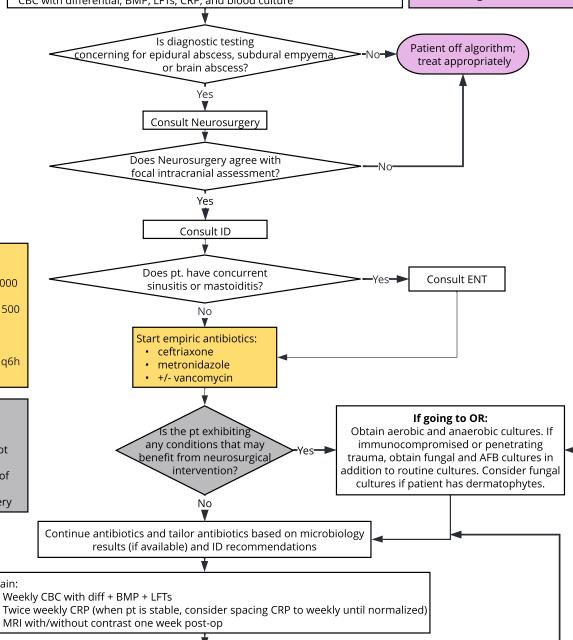
Obtain the following diagnostic tests:

Imaging:

MRI with and without contrast w/ Stealth imaging (unless MRI unobtainable), if unobtainable, then CT scan with and without contrast w/ Stealth imaging Laboratory tests:

CBC with differential, BMP, LFTs, CRP, and blood culture

NOTE: Patients with meningitis & sterile subdural effusions do not warrant extension of antimicrobial therapy beyond standard meningitis treatment.



Total antibiotic duration usually ranges 4-8 weeks depending on surgical interventions, clinical response, & agreement between ID & neurosurgery.

 If significant clinical improvement after initial 2 weeks of IV antibiotics, transition to oral antibiotics for the remainder of the duration may be considered if there is a highly bioavailable option that penetrates the CNS. Does the patient have
clinical improvement (e.g. laboratory values,
physical exam, etc)?

Yes

Continue intravenous (IV) antibiotics
for a minimum of 2 weeks

Repeat MRI imaging

Does pt need
neurosurgical intervention
or antimicrobial
modifications?

Contact: EvidenceBasedPractice @cmh.edu

Obtain:

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Neurosurgical intervention-

Antimicrobial

modifications

Schedule ID and neurosurgery follow-ups prior to discharge