

# Antibiotic Trauma

(Updated 26-09-2018)

## Signs and Symptoms:

1. Open wounds with obvious surface contamination including:
  - a. open fractures;
  - b. penetrating torso injuries with suspected hollow viscous perforation; and
  - c. penetrating eye injury

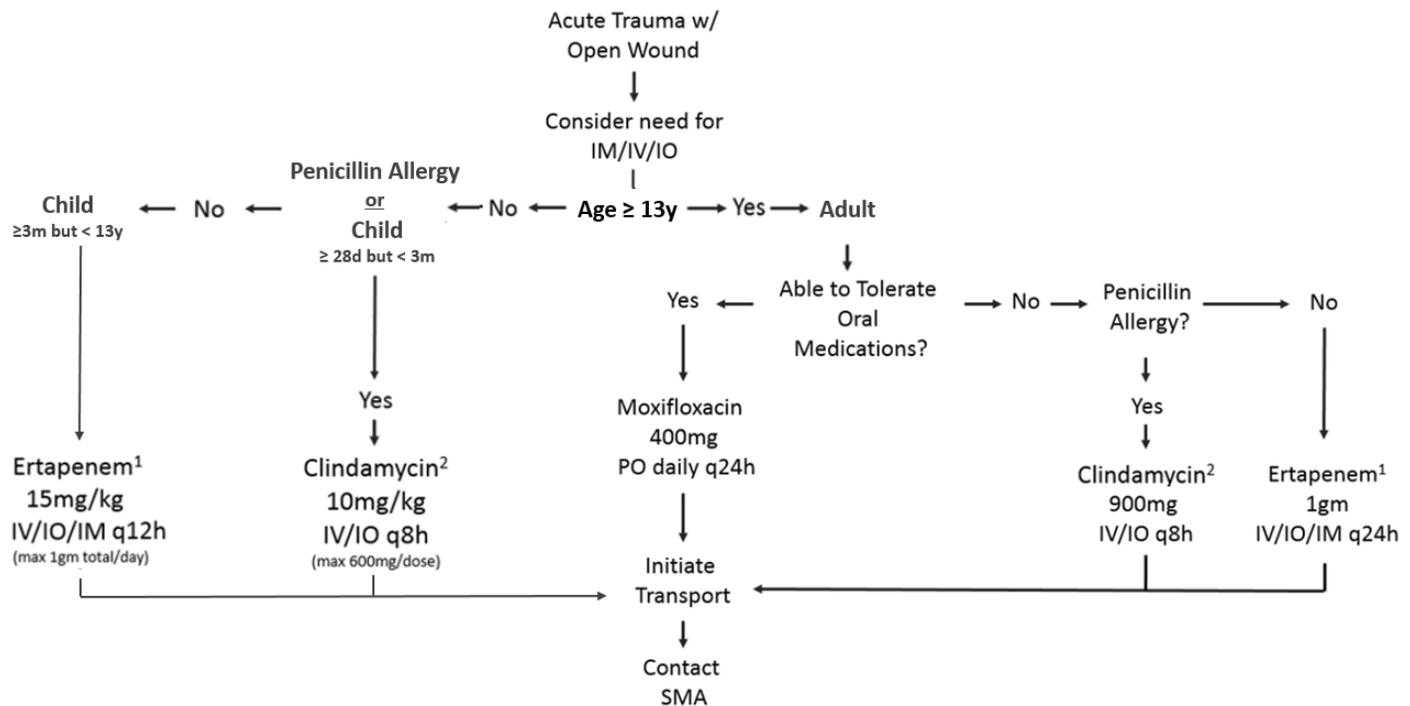
## Contraindications:

Allergy to an indicated medication.

## Management:

1. Where tactically possible cleanse area with copious irrigation and apply dry sterile dressing.
2. Initiate antibiotic therapy as per Figure 1 –*Antibiotic Trauma Flowchart*.
  - a. Antibiotics should be administered ASAP and ideally within 60 min for eye trauma.
3. IV administration is preferred; IO administration is also acceptable. IM administration, when required, should be into a large muscle mass.
4. Treat pain per *SOMT Pain Protocol* as required.

**Figure 1 – Antibiotic Trauma Flowchart**

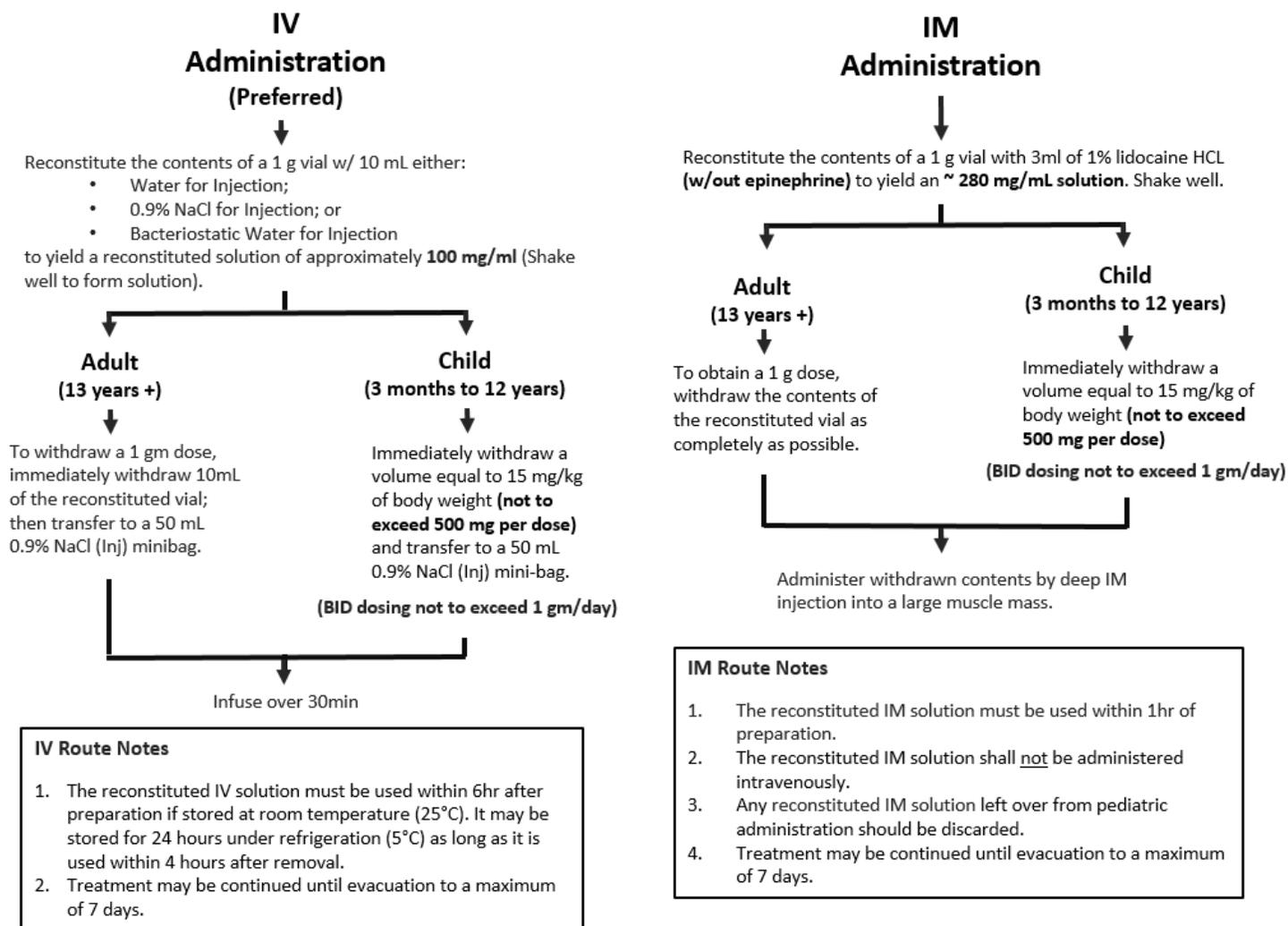


## Disposition:

1. Acute trauma patients require *Priority* evacuation.

**Notes:**

**<sup>1</sup>Ertapenem – Reconstitution, Administration and Storage**



(From: RxTx CPhA Ertapenem Monograph & Merck IVANZ™ product monograph – Nov '17))

**<sup>2</sup>Clindamycin Administration** (from the Ottawa Hospital Parenteral Drug Therapy Manual)

- Intermittent IV infusion: Dilute to a concentration not exceeding 18mg/ml or use a premixed bag and administer at a rate not exceeding 30mg/min. (May be diluted w/ Sodium Chloride Inj 0.9%)
- Recommended concentration and minimum administration time from the manufacturer:

Dose	Diluent	Infusion Time	
		Adult	Child*
300mg	50mL	10min	30min
600mg	50mL	20min	
900mg	100mL (if premixed bag – 50mL)	30min	--

- Administration of more than 1200 mg in a single hour is not recommended.

\* From the IWK Pediatric Parenteral Manual (May 2018)