

Dear [REDACTED]

I am writing to respond to your request [REDACTED]^h March 2016. Oxford University Hospitals NHS Foundation Trust can confirm that it holds the data that you requested.

See attachments below.

Central Nervous System
Meningitis: post-neurosurgical intervention
<ul style="list-style-type: none">• Cerebrospinal fluid should be sent for microscopy and culture.• Modify treatment according to sensitivity test results.• Treat for a minimum of 7 days.
Preferred
ceftazidime 2g iv tds + vancomycin 1g iv bd (See vancomycin iv protocol for dosing instructions in renal impairment)
Alternative
For penicillin allergy (severe) ciprofloxacin 400mg iv bd (Or, 500mg po bd) + vancomycin 1g iv bd (See vancomycin iv protocol for dosing instructions in renal impairment)

Contents
Central Nervous System
CNS shunt infection (VA/VP)
<ul style="list-style-type: none">• Cerebrospinal fluid should be sent for microscopy and culture.• Modify treatment according to sensitivity test results.• Treatment duration is pathogen dependent. Consult Microbiology/ ID.
Preferred
ceftazidime 2g iv tds + vancomycin 1g iv bd (See vancomycin iv protocol or dosing instructions in renal impairment)
Alternative
For penicillin allergy (severe) ciprofloxacin 400mg iv bd + vancomycin 1g iv bd (See vancomycin iv protocol or dosing instructions in renal impairment)

Central Nervous System

Ventriculitis: EVD (external ventricular drain) or lumbar drain (LD) associated

- Cerebrospinal fluid should be sent for microscopy and culture.
- Modify treatment according to sensitivity test results.
- Treat for a minimum of 7 days

Preferred

With removal or replacement of EVD/ LD

ceftazidime 2g iv tds

+ **vancomycin** 1g iv bd (See **vancomycin iv protocol** or dosing instructions in renal impairment)

Alternative

Salvage (where device removal is not feasible)

ceftazidime 2g iv tds

+ **vancomycin** 1g iv bd (See **vancomycin iv protocol** or dosing instructions in renal impairment)

+ **vancomycin** 10 mg od intrathecally

NB: Infection with Staphylococcus aureus (MSSA or MRSA) infection is an indication for EVD removal.

For penicillin allergy (severe)

ciprofloxacin 400mg iv bd

+ **vancomycin** 1g iv bd (See **vancomycin iv protocol** or dosing instructions in renal impairment)

Procedure for Administering Intrathecal Antibacterials via an Extra-Ventricular Drain (EVD) in children and adults

Oxford Radcliffe Hospitals NHS Trust **Under Review**

Administration of intrathecal antibacterials must be carried out by a doctor who has been assessed as competent in the procedure.

Strict aseptic technique must be adhered to at all times.

Intrathecal antibacterials are available as:

Intrathecal vancomycin 20mg in 4ml pre-filled syringe.

Intrathecal vancomycin 10mg in 2ml pre-filled syringe.

Intrathecal gentamicin 5mg in 1ml ampoule.

Gather the following equipment:

Sterile gloves

Sterile dressing pack

Two 5ml luer slip syringes

Three 23-gauge needles (blue)

5ml sodium chloride 0.9%

Goggles

Pink chlorhexidine 0.5% in 70% DEB solution. (Wipes saturated with chlorhexidine 2% in isopropyl alcohol 70% will be available in the near future. These are preferred.)

Sterile gown

Two 2ml luer slip syringes

0.2 micron antimicrobial filter

Prescribed antibiotic

Prescription chart

Two alcohol swabs

To administer an intrathecal antibacterial:

- Check the patient's identity according to the Oxford Radcliffe Hospitals NHS Trust Policy
- Explain the procedure to the patient, relative or carer.
- Clamp the drainage system close to the injection port.
- Wash hands and prepare sterile field and equipment at bedside.
- Put on sterile gown and goggles then apply a generous amount of alcohol gel to both hands and let it dry for 1 minute before putting on sterile gloves.
- Check medicines according to the Oxford Radcliffe Hospitals NHS Trust Medicines Policy.
- If administering gentamicin swab the ampoule with an alcohol wipe and allow to dry.
- Draw up the required dose of antibacterial using aseptic non-touch technique.
- Swab the sodium chloride 0.9% ampoule with an alcohol wipe and allow to dry.
- Draw up 2ml of sodium chloride 0.9% using aseptic non-touch technique (label the syringe in order to distinguish the antibacterial from the sodium chloride. NB intrathecal gentamicin comes as a clear solution).
- Clean the injection port on the EVD system with a chlorhexidine in DEB soaked swab and allow to dry.
- Slowly withdraw 4ml of CSF and discard (or send for MC&S and/or antibiotic assay if required).
- Prime the filter and administer the antibacterial dose through the filter into EVD injection port.
- Remove the syringe, leaving the antimicrobial filter attached to the injection port.
- Flush 2ml of sodium chloride 0.9% through the filter into EVD injection port.
- Remove the syringe and filter.
- Clean the injection port on the EVD system with a chlorhexidine in DEB soaked swab and allow to dry.
- Keep the drainage system clamped for up to 30 minutes as tolerated.
- Dispose of all used equipment according to hospital policy.
- Record the procedure in the patient's health care records.

**INTRAVENOUS PREPARATIONS OF VANCOMYCIN OR GENTAMYCIN MUST NOT BE USED FOR
INTRATHECAL ADMINISTRATION.**

References:

1. Pratt et al. (2007) epic2: Guidelines for Preventing Healthcare – Associated infections in NHS Hospitals. *The Journal of Hospital Infection*. **65**: S1 –S64
2. Oxford Radcliffe Hospitals NHS trust Medicines Policy (2007) accessed at: <http://orh.oxnet.nhs.uk/Pharmacy/Pages/medicinespolicy.aspx>
3. Alleyne et al. (2000). The efficacy and cost of prophylactic and peri-procedural antibiotics in patients with extra ventricular drains. *Neurosurgery*. **57**;(5) 1124 -1129

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Please note that on 1 November 2011 the Oxford Radcliffe Hospitals NHS Trust (ORH) merged with the Nuffield Orthopaedic Hospital NHS Trust (NOC) to form the Oxford University Hospitals NHS Trust (OUH). Our response reflects these changes. Therefore, we consider that Oxford University Hospitals Trust has released to you all of the information that it holds in relation to your request.

Internal review

If you are dissatisfied with the service or response to your request you can ask for an internal review by writing to:

██████████ Director of Assurance, John Radcliffe Hospital, Headley Way,
Headington, Oxford OX3 9DU.

If you remain dissatisfied with the handling of your request or complaint, you have a right to appeal to the Information Commissioner at:

The Information Commissioner's Office,
Wycliffe House, Water Lane,
Wilmslow,
Cheshire,
SK9 5AF.

Telephone: 0303 123 1113 Website: www.ico.gov.uk

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