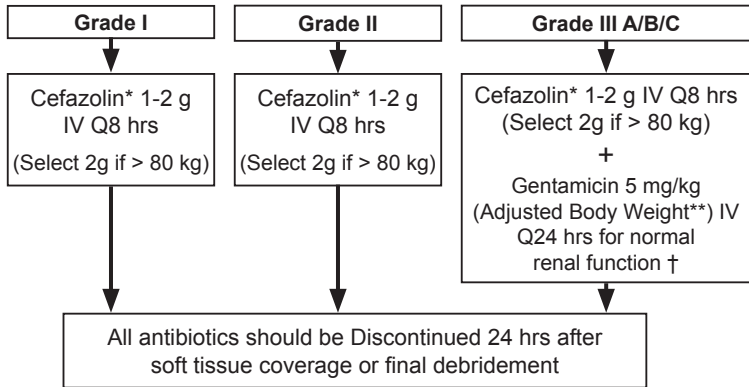


Prophylactic Antibiotics for Open Fractures



* If PCN allergic use Vancomycin 15 mg/kg (Actual Body Weight) IV Q12 hrs

* Cefazolin and vancomycin require dose adjustment in renal failure

** Adjusted BW = IBW + 0.4 (Actual BW – IBW)
[Use adjusted if ABW > 1.2 x IBW]

† Obtain Gentamicin level 8 hrs after initial dose to verify correct dosing interval based on aminoglycoside extended interval dosing nomogram in the Toolbook

† If patient has severe renal failure (CrCl <30), ceftriaxone 1g IV Q24 hrs may be used in place of both cefazolin and gentamicin

In cases of farm-related injuries or those involving soil or fecal contamination, use of anti-anaerobic antibiotics is generally not indicated for routine prophylaxis. Under certain conditions, such as heavily soiled wounds that cannot be adequately debrided, additional use of clindamycin may be considered

References

- Hauser CJ, Adams CA, Eachempati SR. Prophylactic antibiotic use in open fractures: an evidence-based guideline. *Surgical Infections* 2006;7:379-405.
- Hoff WS, Bonadies JA, Cachecho R, Dorlac WC. EAST practice management guidelines work group: update to practice management guidelines for prophylactic antibiotic use in open fractures. 2009 Update. <http://www.east.org/tpg/archive/html/OpenFxUpdate.html>

Grade I

- ≤ 1 cm wound
- Min. contamination, comminution, tissue injury

Grade II

- > 1cm wound
- Mod contamination, comminution, tissue injury

Grade III

- Displaced Segmental fx
- Fx w/ diaphyseal loss
- Fx w/ assoc. vasc injury
- Farmyard injury
- Highly contaminated wound
- High velocity GSW
- Crush from high speed MV
- **IIla:** ≤ 10 cm wound w/ crushed tissue & contamination.
- **IIlb:** > 10cm wound w/ crushed tissue & contamination.
- **IIlc:** Major vascular injury requiring repair to salvage limb.