

JHH QUM Committee Fact Sheet

Piperacillin/ Tazobactam Shortage

Issued: October 2017

Piperacillin + Tazobactam (Tazocin) is in a global shortage. Current stock will be depleted by the end of October unless we instigate the following measures.

As of Monday 16th October Piperacillin/ Tazobactam will become a “Red” restricted antibiotic at JHH and as such will be available by ID recommendation only.

Please use the following Guideline for first line alternative agents during this time. Please see usual area guidelines and TG15 for more details. Non immediate penicillin hypersensitive options are given. For immediate penicillin hypersensitivity please consult TGs or ID Team

Indication	First line alternatives
Wounds and Skin	
Diabetic foot ulcers including osteomyelitis	Amoxicillin-clavulanate 1.2g IV 8-hourly OR (if penicillin allergy) Cefazolin 2g IV 8-hourly AND Metronidazole 500mg IV 12 hourly OR (if immediate penicillin allergy) Clindamycin 600-900 mg IV 8-hourly AND Ciprofloxacin 750mg PO 12-hourly
Traumatic / contaminated wounds, open fractures	Amoxicillin-clavulanate 1.2 g (child 25mg/kg up to 1.2g) IV 8 hourly OR (if penicillin allergy) Cefazolin 2g (child: 50 mg/kg up to 2 g) IV 8-hourly AND Metronidazole 500mg (child: 12.5 mg/kg up to 500 mg) IV 12 hourly
Human or animal bite wounds	Amoxicillin-clavulanate 1.2 g (child 25mg/kg up to 1.2g) IV 8 hourly OR (if penicillin allergy) Ceftriaxone 1g (child \geq 1 month: 50mg/kg up to 1g) IV daily AND Metronidazole 500mg (child: 12.5 mg/kg up to 500 mg) IV 12 hourly

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Fever	
Febrile Neutropenia	PAEDIATRICALS: Cefepime 50 mg/kg (max 2g) IV 8-hourly ADULTS: Ceftazidime 2 g IV 8-hourly If required per Guideline add Vancomycin
Pneumonia	
Hospital-acquired pneumonia, lower risk of multi drug resistant organisms	Amoxicillin-clavulanate 1.2g (child: 25mg/kg) IV 8-hourly OR (if penicillin allergy) Ceftriaxone 1 g (child \geq 1 month: 50 mg/kg up to 1 g) IV daily
Hospital-acquired pneumonia, higher risk of multi drug resistant organisms	Cefepime 2 g (child: 50 mg/kg up to 2 g) IV 8-hourly If MRSA likely or sepsis- See eTGs.
Community acquired pneumonia- Severe	Benzylpenicillin 1.2g (child 50mg/kg) IV 6-hourly, AND Gentamicin 4-6mg/kg daily for up to 72h AND Azithromycin 500 mg IV daily.
Gastro-Intestinal	
Acute Appendicitis	Amoxicillin-clavulanate 1.2g (child: 25mg/kg) IV 6-hourly OR (if penicillin allergy) Ceftriaxone 2 g (child \geq 1 month: 50 mg/kg up to 2 g) IV daily AND Metronidazole 500mg (child: 12.5 mg/kg up to 500 mg) IV 12-hourly
Acute uncomplicated cholecystitis/ Ascending cholangitis	Amoxicillin-clavulanate 1.2g (child: 25mg/kg) IV 6 hourly OR (if penicillin allergy) Ceftriaxone 2 g (child \geq 1 month: 50 mg/kg up to 2 g) IV daily
Peritonitis/ perforated viscus OR cholangitis/cholecystitis requiring ICU care	Ampicillin 2g (child 50mg/kg) IV 6-hourly, AND Gentamicin 4-5mg/kg IV daily for up to 72h, AND Metronidazole 500mg (child: 12.5 mg/kg up to 500 mg) IV 12-hourly OR (if penicillin allergy) Ceftriaxone 2g (child \geq 1 month: 50 mg/kg up to 2g) IV daily AND Metronidazole 500 mg (child: 50 mg/kg up to 500 mg) IV 12-hourly