Critical Care Guidelines FOR CRITICAL CARE USE ONLY

PIPERACILLIN/TAZOBACTAM EXTENDED INFUSION GUIDELINES

Beta-lactam antibiotics effect their bactericidal action through duration of time in which the free concentration in serum is above the MIC of the organism (1). Changes in pharmacokinetic parameters in setting of sepsis and shock can result in sub-therapeutic concentrations. Extended infusion results in sustained beta-lactam concentrations and increased bacterial killing. This has been recommended by Surviving Sepsis Campaign in 2021 (2). Due to practicalities, it is recommended that this is implemented with priority in critically unwell patients (3). For these reasons the critical care infection group has produced this guideline.

The indication and dosing of piperacillin/tazobactam follows that described in local antimicrobial prescribing guidelines (antimicrobial companion); this protocol is designed to give details on how infusions are administered. It is appreciated that the method of infusion may not be possible in certain patients depending on venous access and compatibilities, in these cases standard intermittent boluses should be used.

Reconstitution

- Each vial of 4.5g should be reconstituted with 20ml of sterile water for injections or 0.9% sodium chloride.
- The contents of the vial should then be added to a 100ml infusion bag of 0.9% sodium chloride or 5% dextrose.
- Infuse intravenously over 30 minutes or 4 hours, as per below.
- Start intravenous infusion as soon as possible after preparation to reduce risk of microbial contamination.

Prescribing first antibiotic dose

- Prescribe as STAT dose.
- Infuse initial dose over 30 minutes.

Prescribing ongoing doses

• Following first dose, give all further doses as an extended infusion (over 4 hours) at time interval according to renal function and indication (as per below table).

9			Date/ Time	•	17.			
Medicine (Approved Name) PIPER CILLIN / TA	120BACT	For Use	06)				
Dose / Amount 4.50	Route	Quantity	10					
Diluent/Undiluted + Volume 0 · 9 · / NaCL 1	oomL	Date	12					
	Start Date 31-1-23	Pharmacy	14)				
Comments/Indication/Review Date An Indication		18						
Review date.		22)					
Prescriber - sign + print KIRKPATEICK.		24						

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Creatinine Clearance (CrCl)	Indication	Dose			
>40ml/min	Neutropenic sepsis, known	4.5g every 6 hours			
	Pseudomonas spp. infection or				
	on advice of infection specialist				
>40ml/min	All other indications	4.5g every 8 hours			
20-40ml/min	All indications	4.5g every 8 hours			
<20 ml/min	All indications	4.5 g every 12 hours			
Renal replacement –	All indications	4.5g every 8 hours			
CVVHD/HDF					
Renal replacement –	Do not use extended infusions for these patients. No data				
intermittent	demonstrating improved outcomes. Use standard 30-minute				
haemodialysis/peritoneal	infusion at time interval indicated by renal drug handbook				
dialysis					

(4, 5, 6)

Discharge from critical care

• Stop extended infusion and switch to intermittent 30-minute infusions. Dose and time interval same as for extended infusion dosing.

References

- (1) European Committee on Antimicrobial Susceptibility Testing. Clinical breakpoints and dosing of antibiotics v12.0. Available at: https://www.eucast.org/clinical_breakpoints
- (2) Evans L, Rhodes A, Alhazzani W, et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. Intensive Care Med. 2021;47(11):1181-1247. doi:10.1007/s00134-021-06506-y
- (3) Scottish Antimicrobial Prescribing Group. Changes to antibiotic susceptibility reporting from microbiology laboratories. Jan 2022. Available at: https://www.sapg.scot/media/6598/20220120-changes-to-antibiotic-susceptibility-reporting-from-microbiology-laboratories fk-sq.pdf
- (4) De Waele JJ, Lipman J, Carlier M, Roberts JA. Subtleties in practical application of prolonged infusion of beta-lactam antibiotics. International journal of antimicrobial agents. 2015;45(5):461-463. Available at: https://doi.org/10.1016/j.ijantimicag.2015.01.007
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- (6) The Renal Drug Database. https://renaldrugdatabase.com. Accessed 09/06/22

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