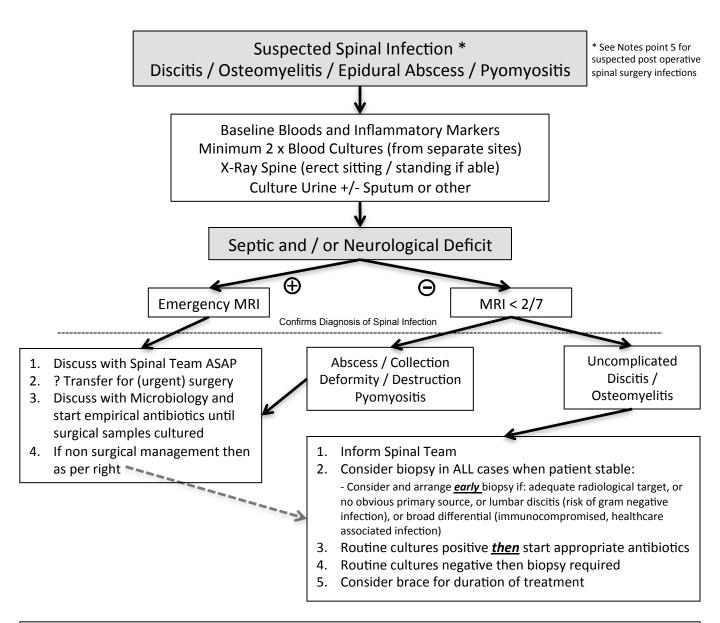
## **Spinal Infection Guidelines**



## **NOTES:**

- 1. Antibiotics for a minimum of 6 weeks as directed by Microbiology (combined therapy often appropriate), consider early peripheral IV long line, IV to oral conversion guided by clinical status, inflammatory markers and Trust IV-oral switch policy. Stop when CRP normal and patient well then recheck bloods 2 weeks later.
- 2. Erect X-Ray Spine (in brace) to check for progressive deformity at intervals as advised by Spinal Team.
- 3. Interval MRI if deteriorates, develops neurological deficit or no improvement.
- 4. Echo if: Staph aureus bacteraemia present in the absence of an identifiable source, or multiple positive blood cultures with organism that causes endocarditis (alpha haemolytic streptococci, enterococci), or signs consistent with endocarditis (new murmur, peripheral stigmata of endocarditis, multiple sites of infection), or significant risk factor for endocarditis (previous valve surgery, IVDU, immunocompromised). Consider if patient fails to respond to treatment, has recurrent infection, is diabetic or alcoholic.
- 5. The pathway for post operative spinal surgery infections (+/- metalwork) will vary and ALL cases must be discussed with the Spinal Team ASAP

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