

**Revision shoulder arthroplasty**

Patients have antibiotics withheld until five deep specimens have been harvested from the surgical field for culture.

**“YELLOW Protocol” - Intermediate LOW suspicion of infection**

**“RED Protocol” HIGH/MODERATE suspicion of infection**

For those shoulders in which there is a LOW intraoperative suspicion for infection

Vigorous debridement and abx-infused irrigation w/ antibiotic saline (Vancomycin and Ceftriaxone)

For those in whom there is a MODERATE TO HIGH suspicion of infection

e.g., Two or more risk factors: male patient, loose prosthesis, osteolysis, cloudy joint fluid, membrane formation

If serious allergy to penicillin (anaphylaxis), instead use doxycycline 100mg PO BID

IV antibiotics are stopped at 24 hours, and patient is sent home with a 30-day course of Augmentin 875mg PO BID (or alternate drug if allergic to penicillin).

Surgery includes removal of all prostheses, and possible reimplantation of humeral component (one-stage revision)

Inpatient ID Consult

Default is to continue vancomycin until discharge and ceftriaxone for 3 weeks, unless cultures substantially positive\*

Inpatient ID Consult for patients living outside Puget Sound region (to facilitate transition to IV abx subsequently if cultures turn positive).

Samples are cultured for 21 days. Ortho will follow results.

Culture substantially positive\*

Culture substantially negative\*\*

Culture substantially positive\*

Culture substantially negative\*\*

ID Consult by phone with Dr. Pottinger or ID Fellow for possible conversion to IV abx.

Augmentin discontinued

Coag Negative Staph

P. acnes

IV antibiotics discontinued, convert to PO antibiotics until pt receives ID consult.

Check sensitivities

Ceftriaxone 2gm IV QD, Consider adding rifampin 600mg PO QD. If 2 or more also have CoNS, add IV Vancomycin

If the CoNS is mec A negative

If the CoNS is mec A positive

Ceftriaxone 2gm IV QD, Consider adding rifampin 600mg PO QD

Vancomycin dosed for goal trough 10-20µg/mL. Consider adding rifampin 600mg PO QD

- Main Objectives of ID Consult**
- To assess candidacy for IV therapy (can the patient handle a PICC, etc.) and addition of Rifampin (anticoagulation, longterm narcotic use, other drug interactions.)
  - To make sure patient knows how to contact ID in the event of problems
  - To ensure that patient has the proper monitoring for antibiotic-related complications
  - To arrange for follow-up in ID clinic via e-mailing id\_clinic@uw.edu

**Footnotes**

\*Culture substantially positive: One bacterial species in 2 or more specimens.

\*\*Culture substantially negative: one or zero positive cultures for the same species (I.e. One P.acnes and one CoNS is still substantially negative.)