



## CLINICAL GUIDELINE

# Kidney Transplant : Antibiotic Prophylaxis in Adults

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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| <b>Approval Group:</b>                                       | Antimicrobial Utilisation Committee |
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### Important Note:

The online version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.



## NHS Greater Glasgow and Clyde recommendations for antibiotic prophylaxis in Kidney Transplant

**Single dose**, IV prophylaxis  $\leq$  60mins prior to skin incision/ intervention.

For advice on repeat dosing of antibiotics for operations lasting longer than 4 hours or > 1500 ml blood loss and gentamicin dosing see NHSGGC [Principles of Surgical Prophylaxis](#) on the NHSGGC Clinical Guideline platform.

**MRSA:** decolonise prior to procedure as per NHSGGC infection control guidelines and discuss with microbiology re antibiotic choice.

**CPE carriers:** For patients who have been identified as CPE (carbapenemase producing enterobacteriaceae) carriers, contact microbiology.

| Procedure   | Recommended antibiotic regimen   | Comments   |
|---|--|--|
| <b>Renal Transplant</b><br><br><b>Nephrectomy – Transplant Not infected</b><br>Early or Late Explant<br><br><b>Donor Nephrectomy for Transplant</b> | <b>IV Co-amoxiclav *1.2g</b><br><br><i>Or for non-severe penicillin allergy/<br/>unclear allergy</i><br><b>Cefuroxime* 1.5g</b><br><br><i>Or If true penicillin/ beta-lactam allergy</i><br><b>IV Co-trimoxazole 960mg* <u>over 60 minutes</u></b> | Review recent microbiology and MSU results and discuss with microbiology if previous resistant organisms isolated. |
| <b>Nephrectomy – Transplant Infected</b>  | Perioperative antibiotics should be determined on an individual patient basis. Discuss with microbiology prior to surgery.   |  |