

mobile view

## Abbreviations:

AFB = Acid-fast bacteria ID = Infectious disease

## Antibiotic dosing in patients with

normal renal function:

Ceftriaxone: 50 mg/kg IV q12h (max 2000 mg/dose)

Metronidazole: 10 mg/kg IV q8h (max 500 mg/dose)

Vancomycin (Consider an empiric maximum dose of 1000 mg/dose):

- 3 months to < 12 years: 20 mg/kg IV q6h
- ≥ 12 years: 15 mg/kg IV q6h

## Patient conditions in which neurosurgical intervention may be beneficial:

- Focal neurological deficit or does not follow commands
- New onset seizures in the absence of meningitis
- 3. Subdural empyema per neurosurgery

4-8 weeks depending on surgical

initial 2 weeks of IV antibiotics,

considered if there is a highly

CNS.

interventions, clinical response, &

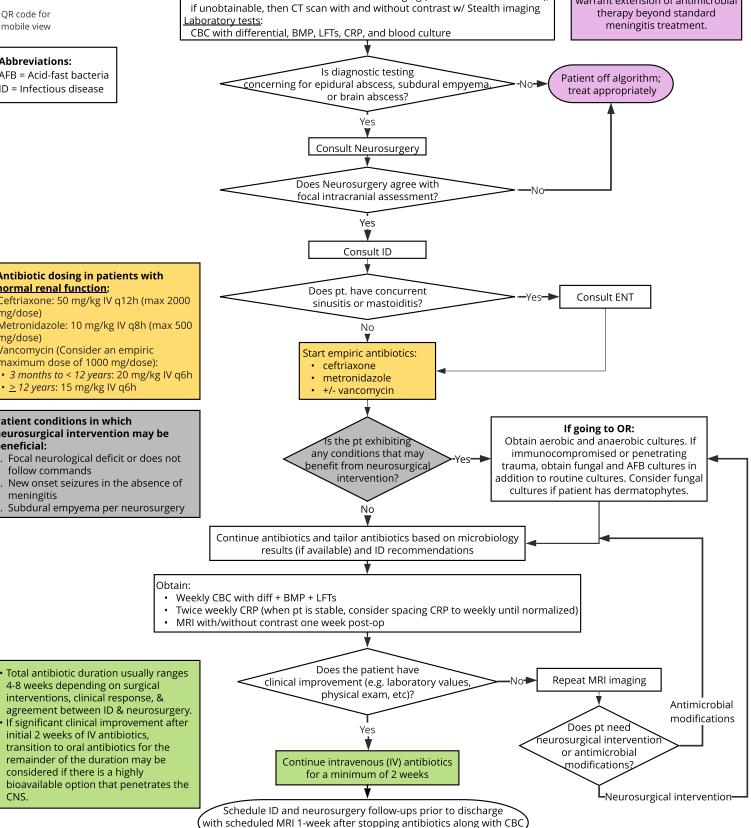
transition to oral antibiotics for the

remainder of the duration may be

Patient presents with concern for intracranial infection Obtain the following diagnostic tests:

Imaging: MRI with and without contrast w/ Stealth imaging (unless MRI unobtainable), if unobtainable, then CT scan with and without contrast w/ Stealth imaging

NOTE: Patients with meningitis & sterile subdural effusions do not warrant extension of antimicrobial therapy beyond standard



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and CRP