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Post discharge vaccination guidance – change to via NHSB Vaccine Hub	Jan 2023

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NHS Borders Emergency Department Antibiotic Management in Bomb Blast/Explosive Injuries

This guidance is adapted from Public Health England guidance (issued May 2017) and NHS Greater Glasgow and Clyde guidance (issued May 2019) and is intended for ED use. Further advice on ongoing antibiotic management may be provided by microbiology if required. In addition to antibiotics, tetanus and BBV exposure should be considered:

Tetanus prophylaxis

ALL bomb blast victims with injuries must have their tetanus immunisation status checked and treated according to the extant advice on management of patients with tetanus prone wounds in the 'Green Book'¹.

Blood-borne virus prophylaxis

ALL patients who sustained injuries that breached skin must receive an accelerated course of Hepatitis B vaccination.

Patients who are discharged from inpatient care before completion of an accelerated hepatitis B vaccination course should receive remaining doses of vaccine via [NHS Borders Vaccination Service Hub](#). ALL patients should be tested at 3 months to determine their hepatitis B vaccine response and at 3 months and 6 months to determine their hepatitis C and HIV status.

Post exposure prophylaxis for HIV- HIV PEP is not usually required. Discuss with GUM/RIDU Consultant on call if uncertain.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148506/Green-Book-Chapter-30-dh_103982.pdf

Emergency Department Antibiotic Management of Bomb Blast Injuries

Soft Tissue Injury +/- Foreign body in situ	Co-amoxiclav IV OR if Penicillin allergy Teicoplanin IV And Gentamicin IV
Open fractures OR “through and through fractures” OR Intra-articular injuries	Co-amoxiclav IV OR if Penicillin allergy Teicoplanin IV And Gentamicin IV
Penetrating CNS injury (or multiple penetrating injuries including CNS)	Ceftriaxone* IV AND Metronidazole IV OR, if convincing severe Penicillin allergy Teicoplanin IV And Gentamicin IV And Metronidazole IV
Open skull fracture (No CNS injury)	Ceftriaxone *IV OR, if convincing severe Penicillin allergy Teicoplanin IV And Gentamicin IV
CSF leak post-skull fracture	No antibiotics indicated Give Pneumovax
Penetrating eye injuries	IV route only if unable to swallow Ciprofloxacin IV/PO And Clindamycin IV/PO And Topical Chloramphenicol
Penetrating abdominal/ thoracic wound	Co-amoxiclav OR if Penicillin allergy Teicoplanin IV And Gentamicin IV <i>If perforation and spillage of gastrointestinal contents or oesophageal perforation Add Fluconazole IV</i>

*in neonates, see cautions/contra indications in BNF for Children. An alternative is Cefotaxime.