

SCOPE: Western Australia

ACCEPTANCE TO HATH CRITERIA AND PATHWAY

<p>RED Unsuitable for community admission to HATH. Refer to ED/ Inpatient management. (May become suitable for HATH after inpatient stabilisation)</p>	<ul style="list-style-type: none"> • Evidence of impending septic shock (fever >38.5°C, Systolic BP<90mmHg, HR>100/min) • Evidence of rapidly progressing infection or skin necrosis. • Co-existing medical condition requiring hospital admission or complex multiple co-morbidities (eg diabetes, immunocompromised). • Suspected or confirmed immediate penicillin allergy or hypersensitivity (eg anaphylaxis, angioedema and/or urticaria) or cephalosporin hypersensitivity. • Laboratory confirmation or suspicion for multi-resistant bacteria (eg MRSA). • Pregnancy beyond 22 weeks gestation unless under the care of an Obstetrician.
<p>ORANGE Requires discussion with Medical Governor and/or Haematologist prior to acceptance.</p>	<ul style="list-style-type: none"> • Aged between 13 and 18 years, suitable for adult dosing who are not under the care of a paediatrician.
<p>GREEN Accepted for HATH protocol.</p>	<p>All criteria must be met:</p> <ul style="list-style-type: none"> • Client has a diagnosis of infective mastitis and the client's medical condition has been assessed as stable. • Intravenous antibiotics deemed as the only appropriate choice or patient unable to take oral medication. • Required pathology has been collected: <ul style="list-style-type: none"> • Expressed breast milk MCS • Blood Culture (if fever 38.5°C or over) • Adults 18 years or over.

PATHOLOGY WORK UP

- Blood tests are not normally indicated but may be ordered in collaboration with medical governance.
- Blood cultures should be ordered if fevers >38.5°C
- Ensure breast milk sample has been sent for MCS
- Breast ultrasound should be organised if suspicion of breast abscess.

GENERAL MANAGEMENT

- Access pathology results from referral source and, if necessary, organise expressed breast milk culture and full blood picture.
- Collaborate with medical governance doctor regarding abnormal pathology results.
- Initiate intravenous access and commence intravenous therapy as prescribed.
- Nursing care as per *Clinical Pathway – Mastitis CC-FRM-673*.
- Arrange review by medical governance doctor as soon as practicable.
- Advise client on the use of oral analgesia/antipyretic medication as directed.
- Advise client to continue breastfeeding the baby or to continue to drain the breasts with a breast pump. If client is breastfeeding, advise her to feed from the affected breast first and to ensure the baby drains the breast completely before offering the second side. There is no evidence of risk to the healthy, term infant of continuing breastfeeding.

MONITORING

Clinical improvement (resolution of fever, improvement in soft tissue erythema and pain) – start oral therapy.

Clinical deterioration (see below) – discuss with medical governor and consider hospital transfer.

- Indicators for urgent medical re-assessment or hospital admission:
 - Persistent fever $> 37.8^{\circ}\text{C}$ after 72 hours of IV antibiotic therapy
 - Tachycardia, HR $> 100/\text{min}$
 - Hypotension (systolic BP < 90 , and/or diastolic BP < 60)
 - Extension of skin erythema or development of skin necrosis
 - Increasing pain uncontrolled by prescribed analgesia.

TREATMENT

Suggested antibiotic regimen if patient requires intravenous antibiotics and suitable for HATH:

- Cephazolin 2g IV, 12 hourly for at least 48 hours

Once significant improvement, consider changing to oral therapy:

- Flucloxacillin 500mg orally, 6-hourly for 7 to 10 days
- or**
- Cephalexin 500mg orally, 6-hourly, for 7 to 10 days for patients hypersensitive to penicillins (excluding immediate hypersensitivity).

Organise follow up by King Edward Memorial Hospital Breastfeeding Centre if indicated.

MEDICAL GOVERNANCE

- The client has access to medical governance support for 24 hours per day, 7 days per week.
- Primary medical governance can be by referring medical specialists, credentialed referring GPs or by Silver Chain medical staff.
- Care delivery is planned and provided in consultation with the client, medical officer/specialist holding medical governance and nursing staff.
- Where the primary medical governor is unavailable the Silver Chain medical officer can provide the medical governance.
- In the instance when a client's condition deteriorates the Silver Chain medical officer or nursing staff will confer with an emergency department medical officer.
- When governance is retained by a Silver Chain medical officer the client will have a medical review within 24 hours of admission and the medical officer will determine when the scheduled follow up and discharge will occur.
- A summary of the episode of care is sent to the referrer or the client's GP at discharge.

FOLLOW UP

- Ensure the client has an appointment arranged with own General Practitioner (GP) prior to discharge to ensure continuity of care.
- King Edward Memorial Hospital appointment if required.

REFERENCES

Government of Western Australia North Metropolitan Health Service Women and Newborn Health Service. Mastitis: management of. Clinical Practice Guideline 2016; <https://www.kemh.health.wa.gov.au/~media/Files/Hospitals/WNHS/For%20health%20professionals/Clinical%20guidelines/OG/WNHS.OG.BreastfeedingChallengesMastitis.pdf>. Accessed 14/09/2018.

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