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

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

- IV antibiotics are stopped at 24 hours, and patient is sent home with a 21-day course of Augmentin 875mg PO BID (or alternate drug if allergic to penicillin).

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

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

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

- Culture substantially negative
  - Augmentin discontinued

**RED Protocol** - HIGH/MODERATE suspicion of infection

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

- 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

- Culture substantially positive
  - Coag Negative Staph
  - Check sensitivities
  - Ceftriaxone 2gm IV QD, Consider adding rifampin 600mg PO QD. If 2 or more also have CoNS, add IV Vancomycin

- Culture substantially negative
  - P. acnes
  - IV antibiotics discontinued, convert to PO antibiotics until pt receives ID consult.

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

- Culture substantially positive
  - Check sensitivities
  - Ceftriaxone 2gm IV QD, Consider adding rifampin 600mg PO QD

- Culture substantially negative
  - P. acnes
  - IV antibiotics discontinued, convert to PO antibiotics until pt receives ID consult.

**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.)*