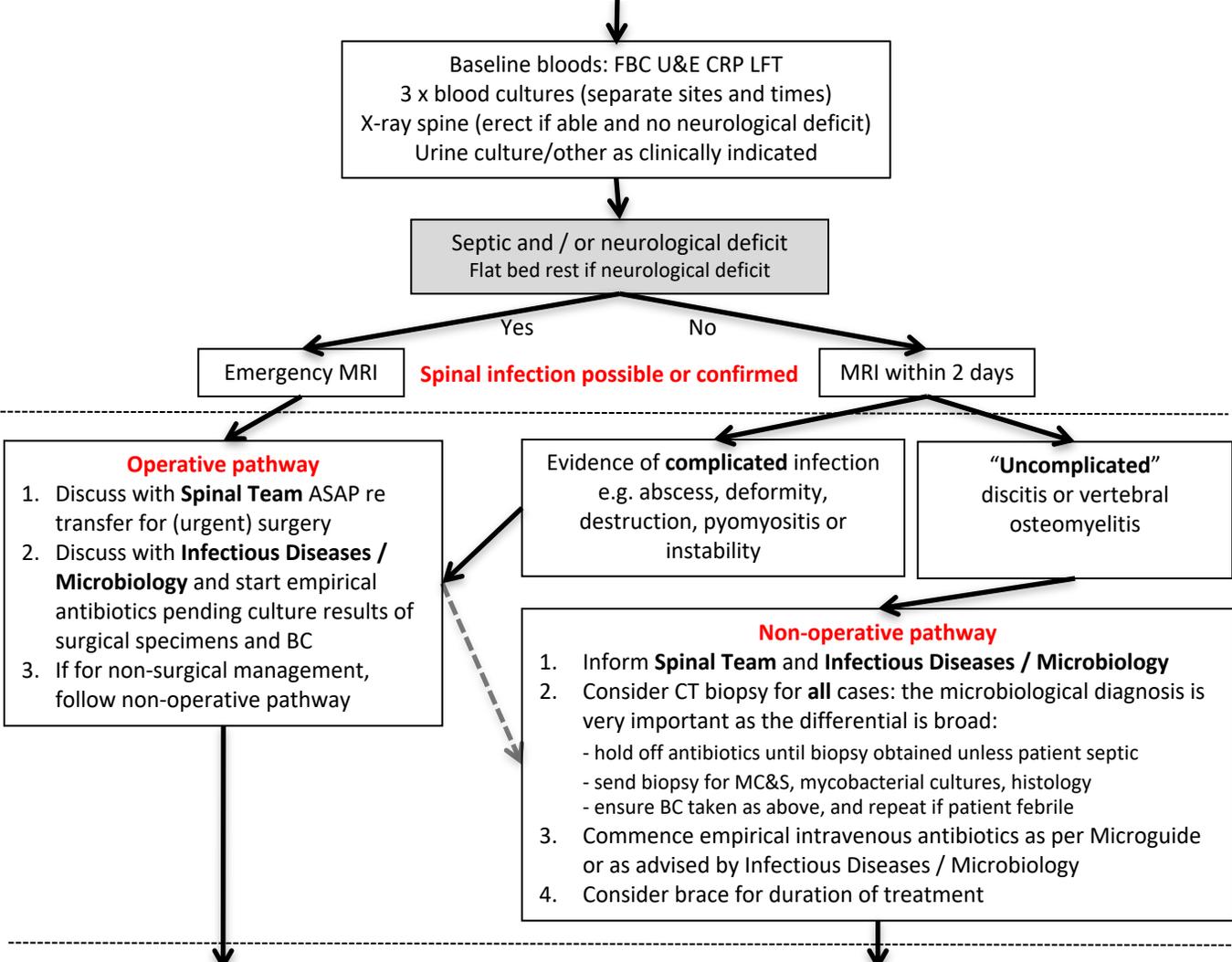


# Cardiff and Vale Spinal Infection Pathway

**Suspected Spinal Infection e.g. discitis / osteomyelitis / epidural abscess / pyomyositis**  
 NB: This pathway is NOT for post-operative spinal surgery infections. Discuss all such cases with operating team (spinal / neurosurgical) and micro.



**Ongoing Management**

- Antimicrobial Management:** liaise with Infectious Diseases / Microbiology
  - Rationalise antibiotics with culture results
  - Consider IV to oral switch or OPAT options when patient is clinically and biochemically responding
  - Consider early midline or PICC line if long duration of intravenous antibiotics anticipated
  - A longer IV phase and total duration of antibiotics is likely if there is a high burden of infection and no surgical drainage
  - Total duration of antibiotics is usually 4-6 weeks and depends on response
  - Additional investigations may be advised by Infectious Diseases / Microbiology according to the pathogen and likely source, or if culture negative or non-response e.g. ECHO for MSSA bacteraemia
- Spinal cord injury**
  - Flat bed rest usually for 6 weeks as per SCI protocol – liaise with Spinal Team and Rookwood
  - Management of cauda equina and root compromise does not necessarily require flat bed rest
- Spinal Precautions**
  - Log rolling, head hold and cervical collars can be required in some cases when there is spinal instability with significant bony destruction – liaise with Spinal Team for specific instructions
- X-Ray**
  - (erect in brace) to check for progressive deformity at intervals as advised by Spinal Team (usually 6 weekly)
- Interval MRI**
  - **only** if deteriorates, develops neurological deficit or no improvement on antibiotics

**The majority of uncomplicated infections will be managed locally by the referring team with advice +/- out patient follow up by the Spinal Team / Infectious Diseases Team**