



DALBAVANCIN PROTOCOL FOR ACUTE BACTERIAL SKIN AND SKIN-STRUCTURE INFECTIONS (ABSSSI)

Current Dalbavancin Restrictions:

Dalbavancin is currently restricted to outpatient use only. First doses of dalbavancin will be allowed in the ED per the ABSSSI protocol.

Phase 1:

ED identifies a potential candidate

Phase 2:

Primary care identifies a potential candidate → 8am – 4pm: sends to ADTU. 4pm – 6pm: sends to ED.

Potential Candidate Eligibility Criteria:

- Adult (≥18 years) in AES
- Cellulitis, wound infection, or abscess highly suspected or known to be caused by gram-positive bacteria
- Patient will require admission for IV antibiotics if dalbavancin is not administered:
 - failed or unable to take PO antibiotics
 - moderate to large cellulitis in patient with comorbidities (i.e., obesity, concerns for adherence), that raise concern for successful absorption/adequacy of oral antibiotic agent planned for use

Exclusion criteria:

- Allergy to glycopeptide-related medication (vancomycin, telavancin, oritavancin, bleomycin)
- Significantly Immunocompromised: SOT or BMT, prednisone 20 mg or more per day, neutropenia, 2 or more immunosuppressive agents
- Hemodynamic instability or concern for severe sepsis
- ABSSSI from or suspected to be associated with: DM foot ulcer, chronic venous stasis ulcer wounds, surgical site infection, decubitus ulcer, infected burns, facial cellulitis, osteomyelitis, bacteremia, concern for necrotizing fasciitis, concern for gram negative infection or mixed infection
- Small abscess with adequate drainage performed
- Extensive bilateral erythema
- Pregnant
- Moderate to severe hepatic impairment (Child-Pugh Class B or C)
- Unable to follow up
- ID consult thought to be needed

Process:

- Patient identified as potentially eligible by clinician
- Clinician opens orderset for dalbavancin: Reviews and checks off eligibility criteria and lack of exclusion criteria.
 - Dosing
 - 1500 mg for 1 dose for patients with CrCl ≥30 or on HD
 - 1125 mg for 1 dose for patients with CrCl <30 and not on HD
- Upon Discharge, BPA will include:
 - Follow up: PCP (in person or virtual) vs ADTU
 - Dalbavancin note
 - Patient Education
- Observe in the ED for 30 minutes after completion of the infusion
- No stewardship approval required
- Marker should be drawn outlining the area, to help with follow up pictures. Picture should be placed in the medical record. Patient requires education that redness may extend outside of the lines in the first 24-48 hours, but pain should be decreasing and it should begin to fade (in patient instructions).

Follow up:

- 36-72 hours post-discharge from ED: PCP (in person or virtual) vs ADTU

Prepared by: Lindsay Petty, MD

Antimicrobial Subcommittee Approval: 02/2020	Originated: 04/2020
P&T Approval: 02/2020	Last Revised: 09/2020
Revision History: Additional approvals: Dave Somand, Emergency Medicine (02/2020)	

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider's professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change. The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.