

ANTIBIOTIC ADMINISTRATION for LONG BONE FRACTURES - **OPTIONAL**

Administration of Antibiotics in the event of any open orthopedic trauma fracture is intended to reduce patient morbidity and mortality. Administration of first-generation Cephalosporin's within three hours of injury has been shown to improve patient outcome, reduce overall infection related to open trauma injuries and reduce trauma related deaths. Careful clinical evaluation shall be used to determine if any known or suspected orthopedic involvement is present. If open orthopedic trauma is identified, the optional procedure for administration of Cephazolin may be implemented.

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. Indications:
 1. Patient exhibits with open long bone fracture in the pre-hospital setting.
 2. Patient exhibits with a complete or partial amputation of an appendage or limb.
- C. Control bleeding and manage extremities according to the 4100 series protocols based on injury presentation.
- D. Contraindications:
 1. Time since injury >3 hours
 2. Known allergy to Cephalosporin
- E. Dosage and Administration: **Consult MCP for destination determination**

Pediatric Dose (Pt 1 - 12 years):	35 mg/kg to a max of 2 Grams Cefazolin diluted in 10 ml Normal Saline or sterile water over 3 – 5 minutes slow IVP.	
Adult Dose (Pt <120kg):	2 Grams Cefazolin diluted in 10 ml Normal Saline or sterile water over 3 – 5 minutes slow IVP.	
Adult Dose (Pt >120kg):	3 Grams Cefazolin diluted in 10 ml Normal Saline or sterile water over 3 – 5 minutes slow IVP.	

- F. Closely monitor the patient for adverse reactions and treat per appropriate protocol(s).
- G. Upon transfer of care at the receiving facility, notify the physician that Cephazolin has been administered.