

## **Antibiotic Guidelines for Facial Fractures**

### **Closed fractures**

- Closed Facial fractures
  - o No antibiotic coverage is required
- Closed mandible fracture with non-op management
  - o 24 hours of antibiotics

### **Open fractures**

- Open facial fractures (into sinuses or with associated lacerations) with non-op management
  - o 24 hours of antibiotics
- Open facial fractures managed operatively
  - o Antibiotics from trauma admission to 24 hours post-op
- Operative or open mandible
  - o Antibiotics from trauma admission to 24 hours post-op
- Pneumocephalus
  - o No routine antibiotics indicated
  - o If concern for meningitis consider treatment with appropriate antibiotics

### **Antibiotic preferences**

- IV Unasyn 3 grams every 6 hours (consider renal dosing to 1.5 grams every 6 hours with CrCl <14)
  - o Transition to enteral antibiotics when appropriate, Augmentin 875 mg/125 mg every 12 hours (renal dosing to 250-500 mg/125mg every 12 hours with CrCl <30)
- Alternatives
  - o Penicillin allergy: Clindamycin 900 mg IV every 8 hours, transition to Clindamycin 450 mg PO every 8 hours .
  - o Concern for CSF leak: Ceftriaxone 2 grams every 12 hours
- In circumstances where culture information is available, antibiotics should be tailored to speciation and sensitivities.

### **Pneumocephalus**

- Cover with Ceftriaxone 2 grams every 24 hours and Flagyl 500 mg IV every 12 hours for 5 days or per attending discretion
  - o Transition to PO Augmentin 875 mg/125 mg every 12 hours (renal dosing to 250-500 mg/125mg every 12 hours with CrCl <30) when able
- Attending discretion for withholding coverage for small volume pneumocephalus or low concern for CSF communication