

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Confirmed diagnosis of infective Mastitis (1). • Failure or inability to take oral antibiotic therapy. • See Hospital at Home Service Model CC-SD-002. 	<ul style="list-style-type: none"> • Co-existing medical condition requiring hospital admission or complex multiple co-morbidities (eg Diabetes, Immunocompromised). • Evidence of rapidly progressing infection or skin necrosis (1). • Evidence of impending septic shock (fever >38.5 or hypotension or tachycardia). • Laboratory confirmation or suspicion for multi-resistant bacteria (eg MRSA). • Suspected or confirmed penicillin or cephalosporin hypersensitivity reaction.

PATHOLOGY

Access pathology results from referring facility. If not already performed obtain sample of expressed breast milk for MC&S. Blood tests and blood cultures are not normally indicated but may be ordered on collaboration with Governance General Practitioner (GP).

TREATMENT

- Initiate IV access and commence IV AB therapy as prescribed (routinely Cephazolin 2G BD).
- Nursing assessment as per Mastitis Assessment Tool MAC-FRM-010.
- IV AB therapy guided by resolution of mastitis (minimum of 48 hours of IV AB required).
- Monitor and advise client re breast feeding considerations and medications.
- Organise follow up by KEMH Breastfeeding Centre as indicated.
- Transition from IV Abs to oral Abs once evidence of Mastitis resolving (total duration of antibiotic therapy will be 10-14 days-oral flucloxacillin 500mg QID will be routinely commenced).

FOLLOW UP

- Refer back to GP.
- KEMH appointment if required.

REFERENCES

- 1 Woman and Newborn health service king Edward memorial hospital clinical guideline section B 8.6.7.1 Mastitis in the home. November 2007.
- 2 eTG complete 2008. Therapeutic Guidelines Ltd [online] November 2008 [2009 Aug 06] Available from [url:http://etg.tg.com.au.rplibresources.health.wa.gov.au/ip/](http://etg.tg.com.au.rplibresources.health.wa.gov.au/ip/)