Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Skin and Soft Tissue Infections

Skin and Soft Tissue Infections

The regimens below may NOT cover Multi-drug Resistant Organisms (MDRO) in all cases. **Vancomycin** may be required in addition. See note on MDRO .

Blood cultures should be performed before starting antimicrobial treatment if at all possible for a patient with a **severe** infection, especially if the patient is **systemically ill.**

Please **avoid** the prescription of **antibiotics** and submission of **swabs** for **uninfected ulcers.**

For suspected Orbital and Periorbital Cellulitis consult Ophthalmology urgently.

Empiric Antibiotics for Skin and Soft Tissue Infections

Infection	1st Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction See penicillin hypersensitivity section for further information	Penicillin allergy: immediate or severe delayed reaction	Comment
The regimens below may NOT cover Multi-drug Resistant Organisms (MDRO) in all cases. **Vancomycin** may be required in addition. See note on MDRO				
Cellulitis/ **Wound Infection** (Including **initial** treatment of Mastitis) NB: If treating Mastitis or Breast Abscess in the Lactating Woman, consultation with Obstetrics advised. See full detailed guidance –, including treatment duration - in WAC Directorate Guideline on the Management of Mastitis and Breast Abscess in the Lactating Woman (QPulse CLN-OGCP-275)	**Mild** Flucloxacillin PO 500mg – 1g [1] every 6 hours	CefALEXin PO 500mg every 6 hours	Clindamycin PO 450mg every 6 hours	Duration for mild infection 5 days
	Moderate to severe Flucloxacillin IV 2g every 6 hours	CefAZOLin (Unlicensed) IV 2g every 8 hours	Vancomycin IV infusion, dose per GAPP App calculator. See footnote [2] re monitoring.	Duration for moderate or severe infection 7 to 10 days
	Severe with incipient necrotising fasciitis Flucloxacillin IV 2g every 6 hours + Clindamycin [3] IV 600mg every 8 hours	Vancomycin IV infusion, dose per GAPP App calculator. See footnote [2] re monitoring. + Clindamycin [3] IV 600mg every 8 hours **Discuss with** Microbiology or Infectious Diseases		
	For severe, if involving abdominal wall or groin or water exposure, consider **adding** Ciprofloxacin [3] IV 400mg every 12 hours			
Diabetic Foot Infection **(without osteomyelitis)** **Consider referral to Diabetic Foot Team (ENDF)**	**Mild** Co-amoxiclav PO 625mg every 8 hours	Clindamycin PO 450mg every 6 hours		Duration: Minimum 7 days for mild infection 10 to 14 days in Moderate to Severe infection. May require up to 3 weeks for severe infection.
	Moderate Co-amoxiclav IV 1.2g every 8 hours	Clindamycin [3] IV 600mg every 8 hours + Ciprofloxacin [3] IV 400mg every 12 hours **Monitor for diarrhoea**		
	Severe Piperacillin/tazobactam IV 4.5g every 8 hours	Vancomycin IV infusion, dose per GAPP App calculator. See footnote [2] re monitoring. + Clindamycin [3] IV 600mg every 8 hours + Ciprofloxacin [3] IV 400mg every 12 hours Monitor for diarrhoea		
	Discuss severe infections with Microbiology or Infectious Diseases. Higher doses may be indicated.			
Necrotising fasciitis/gas gangrene **(Group A Streptococcal infection)** Immediate surgical debridement is **essential** **Discuss immediately with** Microbiology or Infectious Diseases	Flucloxacillin IV 2g every 4 hours + Benzylpenicillin IV 2.4g every 4 hours + Clindamycin IV 1.2g every 6 hours **For necrotising fasciitis of the abdominal wall or groin** Consider **adding** Ciprofloxacin [3] IV 400mg every 8 hours + Metronidazole IV 500mg every 8 hours	**Discuss with** Microbiology or Infectious Diseases **Consider** Vancomycin IV infusion, dose per GAPP App calculator. See footnote [2] re monitoring. + Clindamycin [3] IV 1.2g every 6 hours + Ciprofloxacin [3] IV 400mg every 8 hours **Monitor for diarrhoea**		Usual duration 14 days
Orbital and Periorbital Cellulitis Treat non-orbital facial cellulitis as cellulitis **Discuss with Ophthalmology**	CefTRIAXone IV 2g every 24 hours + Metronidazole IV 500mg every 8 hours **Addition** of Flucloxacillin IV 2g every 6 hours may be considered if *S. aureus* suspected	CefTRIAXone IV 2g every 24 hours + Metronidazole IV 500mg every 8 hours **Addition** of Vancomycin IV infusion, dose per GAPP App calculator may be considered if S. aureus suspected. See footnote [2] re review and monitoring.	Vancomycin IV infusion, dose per GAPP App calculator. See footnote [2] re monitoring. + Clindamycin [3] IV 600mg every 8 hours + Ciprofloxacin [3] IV 400mg every 12 hours **Monitor for diarrhoea** **Discuss with** Microbiology or Infectious Diseases	Duration 10 to 14 days

[1] The upper dose of Flucloxacillin PO 1g four times a day is unlicensed

[2] Review need for ongoing vancomycin on a daily basis. For advice on monitoring see **Vancomycin** Dosing & Monitoring section.

[3] Switch from IV to oral clindamycin (450mg every 6 hours) & from IV to oral ciprofloxacin (500mg every 12 hours) as soon as possible

Refs:

1. *IDSA Guidelines for Diagnosis & Management of Skin & Soft-Tissue Infections 2014 Update. Clin Infect Dis* 2014
2. *Guidelines on the diagnosis and treatment of foot infection in persons with diabetes IWGDF/IDSA 2023* https://iwgdfguidelines.org/infection-guideline-2023/
3. *NICE Guideline Diabetic foot problems: prevention and management 2015. Updated 2019* https://www.nice.org.uk/guidance/ng19
4. *Lehman. Flucloxacillin alone or combined with benzylpenicillin to treat lower limb cellulitis: a randomised controlled trial.* Emerg Med J 2005;22:342-346
5. *Pham et al. 2022. Moderate to Severe Soft Tissue Diabetic Foot Infections. A Randomized, Controlled, Pilot Trial of Post-debridement Antibiotic Treatment for 10 versus 20 days. Annals of Surgery. Vol 276, number 2 233-238.*
6. *Gariani et al. 2021. Three Weeks Versus Six Weeks of Antibiotic Therapy for Diabetic Foot Osteomyelitis: A Prospective, Randomized, Non inferiority Pilot Trial. Clinical Infectious Diseases. 73. E1539-154*