

**SOFT TISSUE INFECTIONS - TREATMENT****ULCERS**

Skin ulcers are often colonised by Gram-negative organisms and require nothing more than cleaning with sodium chloride 0.9%. Antibiotics, antiseptics and disinfectants should not be used topically in this situation.

**CELLULITIS**

Modify treatment according to bacterial isolate(s), particularly for *Pseudomonas aeruginosa*.

**1. General cellulitis**

<b>1<sup>st</sup> choice</b>	Benzympenicillin 1.2g IV 6 hourly <b>plus</b> Flucloxacillin 500mg IV 6 hourly for 7 - 10 days
<b>If no IV access</b>	Clindamycin 300mg PO 6 hourly for 7 - 10 days
<b>Penicillin allergy</b>	Clindamycin 300mg PO 6 hourly <b>or</b> Clarithromycin 500mg IV 12 hourly <b>or</b> Erythromycin 500mg PO 12 hourly for 7-10 days <b>or</b> Teicoplanin / Vancomycin (seek micro advice)

**2. For intravenous drug abusers (IVDU)**

<b>If groin involvement or crepitant cellulitis or abscess</b>	<b>Add</b> Metronidazole 500mg IV 8 hourly (unless on clindamycin)
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**3. Facial / Peri-orbital cellulitis**

<b>1<sup>st</sup> choice</b>	Co-amoxiclav 1.2 g IV 8 hourly <b>OR</b> Co-amoxiclav 625mg PO 8 hourly for 7 – 10 days
<b>If facial cellulitis secondary to superficial abrasion on face distal to the mouth</b>	Flucloxacillin 500mg – 1 g PO 6 hourly for 7 - 10 days
<b>Penicillin allergy</b>	Clindamycin 300mg PO 6 hourly for 7-10 days

<b>IMPETIGO</b>	
<b>1<sup>st</sup> choice</b>	Flucloxacillin 500mg PO 6 hourly for 7 days
<b>Penicillin allergy</b>	Erythromycin 500mg PO 12 hourly for 7 days

<b>INFECTED BITES</b>	
<b>1. <u>Dog / cat bites</u></b>	
<b>1<sup>st</sup> choice</b>	Co-amoxiclav 375mg PO 8 hourly for 5 days
<b>Penicillin allergy</b>	Doxycycline 200mg PO stat, then 100mg PO daily <b>plus</b> Metronidazole 400mg PO 8 hourly for 5 days

<b>2. <u>Human bites</u></b>	
<b>1<sup>st</sup> choice</b>	Co-amoxiclav 375mg PO 8 hourly for 5 days
<b>Penicillin allergy</b>	Erythromycin 500mg PO 12 hourly <b>plus</b> Metronidazole 400mg PO 8 hourly for 5 days

<b>ACTINOMYCOSES</b>	
<b>Initially</b>	Benzylpenicillin 1.2 g IV 6 hourly
<b>Oral continuation</b>	Doxycycline 100 mg PO daily <b>OR</b> Amoxycillin 500 mg PO 6 hourly  Treatment is continued orally for 2 to 3 months.

<b>NECROTISING FACIITIS</b>	
<b>Surgical debridement is essential.</b> Discuss <b>all</b> cases with Microbiology.	
<b>1<sup>st</sup> choice</b>	Benzylpenicillin 2.4 g IV 6 hourly <b>plus</b> Clindamycin 600 mg IV / PO 6 hourly
<b>Penicillin allergy</b>	Clindamycin 600 mg IV / PO 6 hourly

<b>GAS GANGRENE</b>	
<b>Surgical debridement is essential.</b>	
<b>1<sup>st</sup> choice</b>	Benzympenicillin 2.4 g IV 6 hourly <b>Plus</b> Metronidazole 400 mg PO 8 hourly <b>or</b> Metronidazole 500 mg IV 8 hourly <b>or</b> Metronidazole 1 g PR 8 hourly for 3 days then 12 hourly
<b>1<sup>st</sup> choice</b>	Benzympenicillin 2.4 g IV 6 hourly <b>Plus</b> Metronidazole 400 mg PO 8 hourly <b>or</b> Metronidazole 500 mg IV 8 hourly <b>or</b> Metronidazole 1 g PR 8 hourly for 3 days then 12 hourly

<b>ECTHYMA GANGRENOSUM</b>	
A sign of systemic pseudomonal (or rarely fungal) infection in neutropenic patients. Adjust treatment according to results of appropriate cultures. Discuss with Microbiology.	
<b>1<sup>st</sup> choice</b>	Ceftazidime 2 g IV 8 hourly <b>plus</b> Gentamicin 7mg/kg IV daily (Refer to gentamicin dosing guideline for further information on monitoring) <b>OR</b> Ciprofloxacin 200 mg - 400 mg IV 8-12 hourly (8 hourly dosing unlicensed) <b>plus</b> Gentamicin 7mg/kg IV daily (Refer to gentamicin dosing guideline for further information on monitoring)
<b>If poor response</b>	Consider change of aminoglycoside to Tobramycin (Discuss with Microbiology)

**ERYTHEMA CHRONICUM MIGRANS (LYME DISEASE)**

If neurological complications, seek specialist advice.

<b>1<sup>st</sup> choice</b>	Amoxicillin 500 mg PO 8 hourly for 14 - 21 days
<b>Alternatives</b>	<p>Doxycycline 100 mg PO 12 hourly for 14 - 21 days</p> <p>Do not use in children or pregnancy. Discuss with Microbiology for alternatives.</p>

**RINGWORM (*Tinea*)**

<b>Topical agent</b>	<p>Clotrimazole 1% cream for 2 weeks or longer</p> <p>(see BNF for doses)</p>
<b>Oral agents</b>	<p>Griseofulvin or Terbinafine (see BNF for doses)</p> <p>Duration: usually for 6 weeks depending on site of infection.</p>