

# 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	1 <sup>st</sup> Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction  See <a href="#">penicillin hypersensitivity section</a> 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. <b>Vancomycin</b> may be required in addition. See note on <a href="#">MDRO</a> .				
<b>Cellulitis</b>	<b>Mild</b> CefALEXin PO	CefALEXin PO	Clindamycin PO	Duration for mild infection 5 days
<b>Wound Infection</b> (Including <b>initial</b> treatment of Mastitis)	Flucloxacillin PO 500mg – 1g <sup>1</sup> every 6 hours	500mg every 6 hours	450mg every 6 hours	
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)	<b>Moderate to severe</b> Flucloxacillin IV 2g every 6 hours	CefAZOLin (Unlicensed) IV 2g every 8 hours	<b>Vancomycin</b> IV infusion, dose per GAPP App calculator. See footnote <sup>2</sup> re monitoring.	Duration for moderate or severe infection 7 to 10 days
	<b>Severe with incipient necrotising fasciitis</b> Flucloxacillin IV 2g every 6 hours	<b>Vancomycin</b> IV infusion, dose per GAPP App calculator. See footnote <sup>2</sup> re monitoring.		
	+ Clindamycin <sup>3</sup> IV 600mg every 8 hours	Clindamycin <sup>3</sup> IV 600mg every 8 hours		
	<b>For severe</b> , if involving abdominal wall or groin or water exposure, consider <b>adding</b> Ciprofloxacin <sup>3</sup> IV 400mg every 12 hours	<b>Discuss with Microbiology or Infectious Diseases</b>		
<b>Diabetic Foot Infection</b> (without osteomyelitis)	<b>Mild</b> Co-amoxiclav PO 625mg every 8 hours	Clindamycin PO 450mg every 6 hours		Duration: Minimum 7 days for mild infection
<b>Consider referral to Diabetic Foot Team (ENDF)</b>	<b>Moderate</b> Co-amoxiclav IV 1.2g every 8 hours	Clindamycin <sup>4</sup> IV 600mg every 8 hours		10 to 14 days in Moderate to Severe infection.
	<b>Severe</b> Piperacillin/tazobactam IV 4.5g every 8 hours	+ Ciprofloxacin <sup>3</sup> IV 400mg every 12 hours	+ Clindamycin <sup>3</sup> IV 600mg every 8 hours	May require up to 3 weeks for severe infection.
		+ Ciprofloxacin <sup>3</sup> IV 400mg every 12 hours	+ Ciprofloxacin <sup>3</sup> IV 400mg every 12 hours	
	<b>Monitor for diarrhoea</b>	<b>Monitor for diarrhoea</b>		
	<b>Discuss severe infections with Microbiology or Infectious Diseases.</b> Higher doses may be indicated.			
<b>Necrotising fasciitis/gas gangrene</b> (Group A Streptococcal infection) Immediate surgical debridement is <b>essential</b> <b>Discuss immediately</b> with Microbiology or Infectious Diseases	Flucloxacillin IV 2g every 4 hours	<b>Discuss with Microbiology or Infectious Diseases</b>		Usual duration 14 days
	+ Benzylpenicillin IV 2.4g every 4 hours	<b>Consider</b> <b>Vancomycin</b> IV infusion, dose per GAPP App calculator. See footnote <sup>2</sup> re monitoring.		
	+ Clindamycin IV 1.2g every 6 hours	+ Clindamycin <sup>3</sup> IV 1.2g every 6 hours		
	+ Ciprofloxacin <sup>3</sup> IV 400mg every 8 hours	+ Ciprofloxacin <sup>3</sup> IV 400mg every 8 hours		
	+ Metronidazole IV 500mg every 8 hours			
	<b>For necrotising fasciitis of the abdominal wall or groin</b> Consider <b>adding</b> Ciprofloxacin <sup>3</sup> IV 400mg every 8 hours	<b>Monitor for diarrhoea</b>		
<b>Orbital and Periorbital Cellulitis</b> Treat non-orbital facial cellulitis as cellulitis <b>Discuss with Ophthalmology</b>	CeftRiAXone IV 2g every 24 hours	CeftRiAXone IV 2g every 24 hours	<b>Vancomycin</b> IV infusion, dose per GAPP App calculator. See footnote <sup>2</sup> re monitoring.	Duration 10 to 14 days
	+ Metronidazole IV 500mg every 8 hours	+ Metronidazole IV 500mg every 8 hours	+ Clindamycin <sup>3</sup> IV 600mg every 8 hours	
	<b>Addition of</b> Flucloxacillin IV 2g every 6 hours may be considered if <i>S. aureus</i> suspected	<b>Addition of Vancomycin</b> IV infusion, dose per GAPP App calculator may be considered if <i>S. aureus</i> suspected. See footnote <sup>2</sup> re review and monitoring.	+ Ciprofloxacin <sup>3</sup> IV 400mg every 12 hours	
			<b>Monitor for diarrhoea</b> <b>Discuss with Microbiology or Infectious Diseases</b>	

<sup>1</sup> The upper dose of Flucloxacillin PO 1g four times a day is unlicensed

<sup>2</sup> Review need for ongoing vancomycin on a daily basis. For advice on monitoring see [Vancomycin Dosing & Monitoring](#) section.

<sup>3</sup> 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