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

Skin and Soft Tissue Infections

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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	Penicillin allergy: immediate or severe delayed reaction	Comment
		See penicillin hypersensitivity section for further information		
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*

Bites, Animal and Human, Prophylaxis and Treatment

Bites, Animal and Human, Prophylaxis and Treatment■

1. This provides recommendations on choice of antibiotic prophylaxis of bite wounds. It is not a comprehensive guide to the care of bite wounds. Depending on the nature of the injury, the type of bite, the country in which the bite occurred and previous immunization history issues such as **prophylaxis against HIV** virus infection and immunization against **tetanus, hepatitis B** and **rabies** may all merit consideration in addition to the issue of antibiotic prophylaxis addressed here. Refer to HSE immunisation guideline chapters on tetanus and rabies for risk assessment and management (https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland). Refer to Emergency management of Injuries (EMI) guidance for assessment of risk of bloodborne viruses (https://www.hpsc.ie/a-z/EMIToolkit/)
2. Application of **topical antiseptics is NOT of value** and should be avoided. Sterile water is appropriate for wound irrigation.
3. **Antibiotic prophylaxis** is **generally NOT appropriate for animal bites more than 2 days old OR human bites more than 3 days old** at time of presentation.

   Antibiotic prophylaxis **IS** appropriate for:

   - **All human bites** less than 3 days old, **all cat bites** less than 2 days old and **other animal bites** less than 2 days old to the hand, foot, genitals and face; puncture or crush wounds; wounds that require surgical debridement or involving joints, tendons, ligaments or fractures.
   - Wounds that have undergone primary closure.
   - People at risk of serious wound infection (e.g. those who are immunocompromised, diabetic, asplenic or cirrhotic).
   - People with a prosthetic valve or prosthetic joint.
5. In the case of bites from **monkeys** seek to get as much information as possible about the species of monkey and discuss promptly with Microbiology or Infectious Diseases.
6. **If there are signs of infection, the issue is one of treatment rather than prophylaxis.** In the absence of previous appropriate prophylaxis the regimens below are generally appropriate for treatment of infected bites; however the dose, route of administration, duration and choice of agents may require adjustment based on severity of infection.

Empiric Antibiotics for Animal and Human Bites

Infection	1 st line Antibiotics	In penicillin allergy	Comment
Animal & human bites, prophylaxis and treatment	Co-amoxiclav PO 625mg every 8 hours	Metronidazole PO 400mg every 8 hours + Doxycycline PO 100mg every 12 hours Avoid doxycycline in pregnancy or breastfeeding. **Discuss with Micro/ID**	Duration: Prophylaxis - 3 days Treatment - 7 days Consider need for IV therapy or longer duration if severe infection

Refs:

1. *HSE.* Bites (Human/Dog/Cat *. Antibioticprescribing.ie April 2024*
2. *NICE guideline. Human and animal bites: antimicrobial prescribing. November 2020.*