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.

nfection	1 at Line Antibiotics	Penicillin allergy:	Penicillin	allergy:	Comment	
		-	immodiate	or severe		
		delayed onset non-severe reaction	delayed re			
		See penicillin hypersensitivity section for further information sistant Organisms (MDRO) in all cases. Vancomycin may be required in add				
he regimens below may	NO I cover Multi-drug Re	sistant Organisms (MDRO) in all case CeraLEXin PO	s. Vancomycin may be Clindamyo		tion. See note on MDF Duration for mild infect	
					5 days	
Vound Infection	Flucloxacillin PO	500mg every 6 hours	450mg ev	ery 6 hours		
Including initial	500mg – 1g ¹ every 6					
reatment of Mastitis)	hours Moderate to severe	CefAZOLin (Unlicensed) IV 2g every	R hours Vancomyo	n IV infusion.	Duration for moderate	
NB: If treating Mastitis or			dose per 0	SAPP App	severe infection	
Breast Abscess in the actating Woman.	Flucloxacillin IV			See footnote 2	7 to 10 days	
concultation with	2g every 6 hours		re monitor			
Dottottioo davidod. Occ	Severe with inciplent necrotising fasciitis	Vancomycin IV infusion, dose per GAPP App calculator. See footnote 2 remonitoring.				
ull detailed guidance - ncluding treatment	· -					
duration - in WAC	Flucloxacillin IV	†				
Directorate Guideline on	2g every 6 hours	Clindamycin ³ IV 600mg every 8 hours				
he Management of Mastitis and Breast	<u>.</u>	Discuss with Microbiology or Infectious Diseases				
Abscess in the Lactating	Clindamycin 3 IV 600mg					
voman (Qruise	every 8 hours	buumg				
CLN-OGCP-275)	For severe, if involving a	abdominal wall or groin or water exposure, consider adding Ciprofloxacin ³ IV				
Diabetic Foot Infection	400mg every 12 hours	Clindamycin PO 450mg every 6 hours			Duration:	
		Distribution of 400mg every 6 mount	•			
without osteomyelitis)	Co-amoxiclav PO 625mg every 8 hours				Minimum 7 days for m infection	
Consider referral to	Moderate	Clindamycin 9 IV 600mg every 8 hour	3			
Diabetic Foot Team ENDF)	Co-amoxiclay IV 1.2g				10 to 14 days in Moderate to Severe	
ENDF)		*			infection.	
	every 8 hours	Ciprofloxacin 3 IV 400mg every 12 ho	urs		May require up to 3	
		Monitor for diarrhoea			weeks for severe	
	Severe Piperacillin/tazobactam IV	Vancomycin IV infusion, dose per GA monitoring.	PP App calculator. See t	ootnote 2 re	infection.	
	4.5g every 8 hours	monitoring.				
		+				
		Clindamycin 3 IV 600mg every 8 hour	5			
		+				
		3 11/400 401				
		Ciprofloxacin 3 IV 400mg every 12 ho				
	Discuss severe infection indicated.					
Necrotising	Flucloxacillin IV	Discuss with Microbiology or Infection	us Diseases		Usual duration 14 days	
asciitis/gas gangrene	2a every 4 hours	Consider				
Group A Streptococcal			nn	2		
nfection)	Ī	Vancomycin IV infusion, dose per GA monitoring.	rr App calculator. See i	ootriote re		
mmediate surgical	Benzylpenicillin IV 2.4g					
		+				
debridement is essential	every 4 hours					
Discuss immediately	every 4 hours +	Clindamycin ³ IV 1.2g every 6 hours				
Discuss immediately with Microbiology or	every 4 hours + Clindamycin IV	Clindamycin ³ IV 1.2g every 6 hours				
Discuss immediately	+ Clindamycin IV	*	re.			
Discuss immediately with Microbiology or	+ Clindamycin IV 1.2g every 6 hours	+ Ciprofloxacin ³ IV 400mg every 8 hou	15			
Discuss immediately with Microbiology or	+ Clindamycin IV 1.2g every 6 hours For necrotising fasciitis	+ Ciprofloxacin ³ IV 400mg every 8 hou	78			
Discuss immediately with Microbiology or	+ Clindamycin IV 1.2g every 6 hours	+ Ciprofloxacin ³ IV 400mg every 8 hou	15			
Discuss immediately with Microbiology or	t Clindamycin IV 1.2g every 6 hours For necrotising fasciitis of the abdominal wall or groin	+ Ciprofloxacin ³ IV 400mg every 8 hou	15			
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Oiscuss immediately with Microbiology or nefectious Diseases	Clindamycin IV 1.2g every 6 hours For necrotising fascilitis of the abdominal wall or groin Consider adding Ciprofloxacin 3 IV 400mg every 8 hours Metronidazole IV 500mg every 8 hours	t Diprofloxacin ³ IV 400mg every 8 hou Monitor for diarrhoea		app ann		
Discuss immediately with Microbiology or	indiamyoin IV 1.2g every 6 hours For necrotising fascilities for the abdominal wall or grain Consider adding jornfloxacian 3 IV 400mg every 8 hours Metronidazole IV 500mg every 8 hours CET RUKKORE IV	CETIKIAXORE IV Malkoomidater	i IV inhusion, dose per G	ари Арр ng.	Duration 10 to 14 days	
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Oiscuss immediately with Microbiology or refectious Diseases	indiamyoin IV 1.2g every 6 hours For necrotising fascilities for the abdominal wall or grain Consider adding jornfloxacian 3 IV 400mg every 8 hours Metronidazole IV 500mg every 8 hours CET RUKKORE IV	Diprofloxacin 3 IV 400mg every 8 hou Monitor for diarrhoea Cert KIAXone IV Inductoring College Colle	i IV infusion, dose per G	ing.	Duration 10 to 14 days	
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Refs:

- 1. IDSA Guidelines for Diagnosis & Management of Skin & Soft-Tissue Infections 2014 Update. Clin Infect Dis 2014
- Guidelines on the diagnosis and treatment of foot infection in persons with diabetes IWGDF/IDSA 2023
 https://iwqdfquidelines.org/infection-quideline-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. <u>Emerg Med J 2005;22:342-34</u> 6
- 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	Co-amoxiclav PO 625mg every 8	Metronidazole PO 400mg every 8	Duration:				
and treatment	hours	Doxycycline PO 100mg every 12 hours	Prophylaxis - 3 days Treatment - 7 days Consider need for IV therapy or longer duration if severe infection				

Refs:

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

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