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 aeuruginosa*.	
1. General cellulitis	
1st choice	Benzylpenicillin 1.2g IV 6 hourly **plus** Flucloxacillin 500mg IV 6 hourly for 7 - 10 days
If no IV access	Clindamycin 300mg PO 6 hourly for 7 - 10 days
Penicillin allergy	Clindamycin 300mg PO 6 hourly **or** Clarithromycin 500mg IV 12 hourly **or** Erythromycin 500mg PO 12 hourly for 7-10 days **or** Teicoplanin / Vancomycin (seek micro advice)

2. For intravenous drug abusers (IVDU)	
If groin involvement or crepitant cellulitis or abscess	**Add** Metronidazole 500mg IV 8 hourly (unless on clindamycin)

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

IMPETIGO	
1st choice	Flucloxacillin 500mg PO 6 hourly for 7 days
Penicillin allergy	Erythromycin 500mg PO 12 hourly for 7 days

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

2. Human bites	
1st choice	Co-amoxiclav 375mg PO 8 hourly for 5 days
Penicillin allergy	Erythromycin 500mg PO 12 hourly **plus** Metronidazole 400mg PO 8 hourly for 5 days

ACTINOMYCOSES	
Intially	Benzylpenicillin 1.2 g IV 6 hourly
Oral continuation	Doxycycline 100 mg PO daily **OR** Amoxycillin 500 mg PO 6 hourly Treatment is continued orally for 2 to 3 months.

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

GAS GANGRENE	
Surgical debridement is essential.	
1st choice	Benzylpenicillin 2.4 g IV 6 hourly **Plus** Metronidazole 400 mg PO 8 hourly **or** Metronidazole 500 mg IV 8 hourly **or** Metronidazole 1 g PR 8 hourly for 3 days then 12 hourly
1st choice	Benzylpenicillin 2.4 g IV 6 hourly **Plus** Metronidazole 400 mg PO 8 hourly **or** Metronidazole 500 mg IV 8 hourly **or** Metronidazole 1 g PR 8 hourly for 3 days then 12 hourly

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

ERYTHEMA CHRONICUM MIGRANS (LYME DISEASE)	
If neurological complications, seek specialist advice.	
1st choice	Amoxicillin 500 mg PO 8 hourly for 14 - 21 days
Alternatives	Doxycycline 100 mg PO 12 hourly for 14 - 21 days Do not use in children or pregnancy. Discuss with Microbiology for alternatives.

RINGWORM (*Tinea*)	
Topical agent	Clotrimazole 1% cream for 2 weeks or longer (see BNF for doses)
Oral agents	Griseofulvin or Terbinafine (see BNF for doses) Duration: usually for 6 weeks depending on site of infection.