TREATMENT OF SKIN AND SOFT TISSUE INFECTIONS & INFESTATIONS IN ADULTS

NHS Tayside

- **RECOMMENDATIONS ARE FOR NON PREGNANT ADULTS AND DOSES STATED ASSUME NORMAL RENAL AND HEPATIC FUNCTION**
- FULL GUIDANCE IS AVAILABLE ON **NHS TAYSIDE ANTIMICROBIAL WEBSITE, TAYSIDE AREA FORMULARY** or **LINK ON STAFFNET HOME PAGE**
- FOR HOSPITAL PATIENTS WRITE **INDICATION AND DURATION** ON MEDICINE CHART AND SCORE OFF ADMINISTRATION BOXES NOT REQUIRED

CHICKENPOX Consider treatment if patient presents <24 hours after of onset of rash or if immunocompromised
Aciclovir 800mg 5 times daily (7 days) If pregnant refer to separate guidance.

SHINGLES Must present within 72hr of onset of rash.
Aciclovir 800mg 5 times daily or valaciclovir 1g tds (7 days)

IMPETIGO Localised lesions: topical hydrogen peroxide 1% cream or topical fusidic acid 2% cream tds (5 days)
If lesions are extensive or severe: 1st LINE flucloxacillin 500mg qds (5 days) 2nd LINE clarithromycin 500mg bd (5 days)

INFECTED ECZEMA Flucloxacillin 1g qds for 5-7 days. If suspected eczema herpeticum, add aciclovir 400mg 5 times daily for 5-7 days

CELLULITIS (including infected lymphoedema)
Refer to full guidance to assess severity **TOTAL IV/PO 5 days (extend to 7 days after review if clinically indicated)**
Flucloxacillin 1g qds or doxycycline 100mg bd If history or risk of MRSA doxycycline 100mg bd
If systemically unwell or not responding refer to ID. May be suitable for outpatient IV therapy (OHPAT).
Consider swabbing for Panton-Valentine Leucocidin if recurrent boils or abscesses. If swab taken add '?PVL' on clinical details.

FACIAL CELLULITIS: Treat as per cellulitis guidance **OR if sinus/dental/mandibular source*:*** co-amoxiclav 625mg tds (7 days) or **clindamycin** – weight based dosing (7 days)

RECURRENT CELLULITIS: DO NOT routinely offer prophylaxis

NON LACTATIONAL MASTITIS First consider non-infectious causes and treat if required.
Flucloxacillin 1g qds + metronidazole 400mg tds or co-trimoxazole 960mg bd + metronidazole 400mg tds (7 days)

LACTATIONAL MASTITIS Refer to guidance

DIABETIC FOOT INFECTION Refer to guidance for definitions, or if antibiotics for diabetic foot in previous month, or MRSA suspected.
MILD: flucloxacillin 1g qds or doxycycline 100mg bd (7 days)
MODERATE: flucloxacillin 1g qds + metronidazole 400mg tds or doxycycline 100mg bd + metronidazole 400mg tds (7 days)
SEVERE: follow guidance

INFECTION IN CHRONIC WOUNDS For wounds more than 4 weeks old, refer to **Suspected Infection In Chronic Wounds/Ulcers Guidance**

INFESTATIONS

SCABIES:
Permethrin 5% cream - apply over whole body including face, neck and ears. Wash off after 8-12 hours and repeat treatment after 7 days. If hands are washed with soap and water within 8 hours of application, re-apply cream.
Malathion 0.5% in aqueous basis - apply to all parts of the body for 12 hours or overnight and repeat treatment after 7 days.
Note all members of household/close contacts should be treated once only

CRAB LICE:
Permethrin 5% cream - apply over whole body including face, neck and ears and wash off after 8-12 hours and repeat treatment after 7 days. If hands are washed with soap and water within 8 hours of application, cream should be re-applied
Malathion 0.5% in aqueous basis (may be more suitable for treating crab lice in hair bearing areas or for use on eyelashes). Apply to all parts of the body for 12 hours or overnight and repeat treatment after 7 days.

HEAD LICE:
Dimeticone 4% lotion - Apply into dry hair and scalp, shampoo after a minimum of 8 hours or overnight and repeat application after 7 days
Malathion 0.5% in aqueous basis - rub into dry hair and scalp, shampoo after 12 hours and repeat treatment after 7 days

FUNGAL SKIN INFECTION
ATHLETE'S FOOT (tinea pedis): terbinafine cream 1% 1-2 times daily for 7 days
OTHER DERMATOPHYTE INFECTIONS (e.g. tinea corporis/cruris): terbinafine cream 1% 1-2 times daily for 14 days then review
SCALP INFECTIONS: send skin scrapings and if infection confirmed use oral terbinafine 250mg od for 2-4 weeks + ketoconazole shampoo twice weekly for first 2 weeks. Refer to guidance for patient information leaflet, treating family members and treating kerions.
CANDIDA INFECTIONS: clotrimazole cream 1% 2-3 times daily for 14 days then review

FUNGAL NAIL INFECTION Confirm with nail clippings pre-treatment.
Oral terbinafine is more effective than itraconazole for dermatophyte infection.
Terbinafine 250mg od for 6 weeks (fingers) or 12 weeks (toes)
If non dermatophyte or candida use itraconazole 200mg bd for 1 week out of 4. 2 cycles (fingers) or 3 cycles (toes)

BITES NOTE: FOR ALL DOG/CAT/HUMAN BITES: REASSESS PATIENT IF DEVELOPS INFECTION OR DOES NOT IMPROVE WITHIN 24-48 HOURS
DOG/CAT/HUMAN: **See assessment table** **PROPHYLAXIS FOR UNINFECTED BITE: 3 days** **TREATMENT FOR INFECTED BITE: 5 days**
1ST LINE co-amoxiclav 625mg tds 2ND LINE metronidazole 400mg tds + doxycycline 100mg bd
INSECT: Treat as cellulitis if necessary. See Lyme Disease guidance for tick bites**.**
OTHER BITES: Seek ID/Micro advice

NON INFECTION DERMATOLOGICAL CONDITIONS (antimicrobials may be prescribed as per guidance)

ACNE **Refer to** Acne algorithim for guidance on reviewing and altering treatments

ROSACEA – refer to local guidance

HIDRADENITIS SUPPURATIVA – refer to local guidance for primary care prior to referral to specialist

Dermatology may recommend other treatments including dapsone or clindamycin 300mg bd + rifampicin 300mg bd 10-12 weeks (always check for interactions and check LFTs at baseline and 2 weeks) prior to considering biologic therapy

Approved by AMG: November 2019 Review: November 2022
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