

MEG Demo (Staff App) - MEG Demo - MEG Staff app: Skin and Soft tissue infections (SSTIs)

Skin and Soft Tissue Infections:

- **Superficial** skin (and soft tissue) infections and chronic varicose ulcers usually do not require antibiotic therapy,
- A disinfectant, such as aqueous chlorhexidine (Unisept®), applied to the lesion is often satisfactory
- Topical antibiotics should not be used; if an antibiotic is required a systemic preparation should be prescribed
- Microbiological swabs can indicate multiple pathogens and may reflect colonisation. Interpret within clinical context and target therapy against likely organisms.

Surgical Site Infection:

- Surgical Site Infections should be classified and documented according to CDC definitions above
- Antimicrobials in conjunction with wound exploration and drainage required for true infection
- If abscess formation is suspected, drainage must be carried out, as antibiotic therapy alone will prolong the course of the infection without eradicating it.

Skin and Soft tissue infections - Table

Clinical Conditions (x)	Likely Organisms	Antimicrobial Dosage	Approx Duration of Therapy	Comments
Empiric therapy Mild (no evidence of systemic sepsis)	Beta-haemolytic strep Group A Staph aureus	Benzyloxacillin 2.4g IV QDS plus Flucloxacillin 1-2g IV QDS	Contact Consultant Microbiologist.	Use clindamycin 450-600mg IV QDS in penicillin allergy. Infection with MRSA should be suspected if: <ul style="list-style-type: none"> • MRSA Colonised • Recent hospitalisation in last 12 months • Transfer from another hospital or long-term care facility e.g. Nursing Home.
Empiric therapy Severe		Contact Consultant Microbiologist.		If MRSA a potential concern contact Consultant Microbiologist
Surgical Site Infection (SSI)				Contact Russell (stacey).
Necrotising fasciitis	Mixed polymicrobial infection	Piperacillin/tazobactam IV 4.5g QDS + Clindamycin 900mg IV QDS +/- Gentamicin 5mg/kg IV once daily		1. Early wound debridement as emergency procedure is the most appropriate treatment. 2. Contact Consultant Microbiologist. 3. If abdominal wall or groin involvement (likely organisms: anaerobes, gram negative bacilli), add Gentamicin, adjust Gentamicin dosage according to pre-dose levels. 4. In penicillin allergy – Contact Consultant Microbiologist
	Group A Streptococcus	Benzyloxacillin 2.4g IV QDS + Clindamycin 900mg IV QDS		