NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Referral Pathway for the management of Skin and Soft Tissue Infection Via QEUH OPAT Service

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	2
Does this version include changes to clinical advice:	No
Date Approved:	17th November 2020
Date of Next Review:	30th November 2023
Lead Author:	Ysobel Gourlay
Approval Group:	Antimicrobial Utilisation Committee

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Referral Pathway for Management of Skin and Soft Tissue Infection via QEUH Outpatient Parenteral Antibiotic Therapy (OPAT) Service

NHS Greater Glasgow and Clyde

Skin or soft tissue infection affecting upper or lower limb(s) or face (erysipelas)

Severity Assessment

Category 1

- NEWS 0 -1
- No signs of systemic toxicity
- No uncontrolled co-morbidities
- Not yet tried oral antibiotics

Category 2

- NEWS 0 – 1
- Mild systemically illness, or well but with a co-morbidity such as peripheral vascular disease, chronic venous insufficiency or morbid obesity which may complicate or delay resolution of their infection.
- Well but cellulitis worsening despite appropriate oral antibiotics

Category 3

- NEWS ≥ 2
- Significant systemic upset such as acute confusion, tachycardia, tachypnoea, hypotension
- Unstable co-morbidities (eg AKI, cardiac decompensation or uncontrolled blood sugar)

Oral Flucloxacillin 1000mg 6 hourly
or **in penicillin allergy use:**
Doxycycline 100mg bd*
Total duration 5 days
*Check for cation interactions

Requires IV Rx
Consider OPAT

Requires inpatient IV Rx
See GGC inpatient infection management guidelines

Initial Management

Inclusion Criteria

Patients must be ambulatory and self-caring (or have carer to look after them)

Discuss the following patients with OPAT Medical Staff:

- Recent hospital admission
- SSTI associated with Diabetic ulcer
- Renal function ≤ CKD 4 (<eGFR 30 ml/min/1.73 m^2)
- Pregnancy / breast feeding
- Immunosuppression
- Previous/ current MRSA

Discuss the following patients with specialist surgical or orthopaedic team:

- Post-surgical site infection
- Hand trauma or possible bone/joint infection or bursitis

OPAT Exclusion Criteria

- <18 yr old
- Patients who inject drugs (PWIDs)
- Alcohol dependency
- Significant mental health morbidity/ history of deliberate self harm
- Pain out of proportion to skin changes/ rapidly evolving/ blistering
- Unstable co-morbidities (e.g. AKI, cardiac decompensation or uncontrolled blood sugar)
- Current *Clostridium difficile* infection
- Orbital cellulitis
- Animal/ human bites
- Other medical problems requiring inpatient management

Treatment

If NO life-threatening Penicillin /beta-lactam allergy

- Give IV Ceftriaxone 2g

If previous anaphylaxis or other life-threatening penicillin /beta-lactam allergy

- Give IV Daptomycin 6mg/kg (using actual body weight, **round up** to nearest vial size; 350 mg or 500 mg vials)

Observe patients for 30 minutes

Refer to OPAT via Trakcare

Sunday to Thursday – contact OPAT 83107 & tell patient to attend MDU @ 9am the following morning

Friday to Saturday **-** leave msg on Medical Day Unit DECT phone (83105).Tell patient to attend MDU @ 9am

OPAT is based in the Medical Day Unit, 1st Floor, QEUH

NB for follow on treatment in OPAT please refer to page 2 of this document

Created by Dr Beth White, Fiona Robb. Approved by AUC Nov 2020. Review date Nov 2023

Follow up treatment after initial IV dose for OPAT patients with Skin or Soft tissue Infection

Use in accordance with the OPAT Patient Group Directions (PGDs)

1. **Severe SSTI requiring IV therapy via OPAT:**

On Day 1 of presentation take full set of bloods including U&Es, CRP, LFTs and FBC.

IV Ceftriaxone 2g daily and observe for 30 minutes

If true penicillin/ beta-lactam allergy

IV Daptomycin 6 mg/kg (using total body weight) daily* and observe for 30 minutes

* If eGFR < 30 ml/min/1.73m2, IV Daptomycin 6 mg/kg (using total body weight) on alternate days and observe for 30 minutes

Round each dose **up** to the nearest vial size (350 mg or 500 mg vials)

2. **Assess daily at clinic whilst on IV therapy and observe for signs of sepsis**:
Assess: Skin heat, Erythema, Pain, Swelling, Temperature, Heart rate, Respiratory rate.
Continue IV therapy until there is significant reduction in heat, erythema, pain and normal axillary temperature (< 38°C), heart rate (< 100 bpm) and respiratory rate (< 20 breaths/ min).

If clinical deterioration observed at any time or no improvement at 72 hours arrange for medical review.
Average IV therapy length 24-72 hours (to include any dose given in A&E).

3. **When significant clinical improvement, switch to oral therapy** as follows:

Oral Flucloxacillin 1000mg 6 hourly

If true penicillin/ beta lactam allergy
Oral Doxycycline 100 mg 12 hourly*

Duration: 5 days

*NB If on cation (Calcium / Iron etc) please ensure these are spaced out from the doxycycline, or withheld for duration of treatment.

4. I**n lower limb cellulitis examine for tinea pedis** (both feet) and if present:

ADD Miconazole nitrate 2 % cream twice daily.

Duration: Continue for 7 days after all signs and symptoms have disappeared.

5. **Advice for patients:**

- Ensure compliance with good skincare e.g. application of non-perfumed emollient or soap substitute to the affected area(s)
- Elevate the affected area where possible e.g. if SSTI of the leg elevate limb as much as possible until infection resolves
- Drink plenty of fluids to avoid dehydration

Created by Dr Beth White, Fiona Robb. Approved by AUC Nov 2020. Review date Nov 2023