Bacterial Skin Infections

Burma Skincare Initiative BSI

Acute onset of red, warm, painful and swollen skin

Severe

- Widespread
- Around eyes
- Rapidly spreading
- Pain out of proportion to rash
- Large abscess or abscess/wound affecting joints
- Unwell

Assess if needs hospital admission, surgery or ophthalmology (eye or eyelid involved)

- Orbital and periorbital cellulits (sight and life threatening)
- Necrotising fasciitis, gangrene (limb and life threatening)
- Sepsis (life threatening)
- Systemic inflammatory response syndrome

Swab for culture and viral PCR if available

- Fluids (oral or IV)
- Broad spectrum IV antibiotics
- Antipyretic and analgesia
- Tetanus cover if required

Mild to moderate

Topical and surgical therapies

- Clean wound
- Topical antiseptic
- Incision and drainage of abscess (large boil)
- Mark around area of redness to assess spread

Assess after 48 hours

Oral antibiotics for 1-2 weeks

- Beta-lactams (penicillin derivatives, cephelasporins)
  For example flucloxacillin 500mg 4 times/day; co-amoxiclav 625mg 3 times/day; cephalexin 1g twice/day
  OR
- Macrolides
  For example clarithromycin 500mg twice/day
  OR
- Tetracyclines
  For example doxycycline 200mg daily
  OR
- Lincosomide
  For example clindamycin 450mg twice/day
  OR
- Trimethoprim/sulfamethoxazole (co-trimoxazole) 960mg twice/day

Consider IV antibiotics and hospital admission if no improvement