

	MILD INFECTION	MODERATE INFECTION	SEVERE INFECTION
<b>Symptoms</b>	<ul style="list-style-type: none"> <li>● Pus or two or more of: erythema, warmth, pain, tenderness, induration,</li> <li>● Any cellulitis &lt;2 cm around the wound confined to skin or subcutaneous tissue, and</li> <li>● No evidence of systemic infection.</li> </ul>	<ul style="list-style-type: none"> <li>● Lymphatic streaking, deep tissue infection involving subcutaneous tissue, tendon, fascia, bone or abscess, or</li> <li>● Cellulitis &gt;2 cm, and</li> <li>● No evidence of systemic infection.</li> </ul>	<ul style="list-style-type: none"> <li>● Any infection accompanied by systemic toxicity (fever, chills, shock, vomiting, confusion, metabolic instability). The presence of critical ischaemia of the involved limb may make the infection severe.</li> </ul>
<b>Treatment duration</b>	<ul style="list-style-type: none"> <li>● Treatment with the following agents is recommended for 5–7 days, after which treatment should be reviewed and continued or discontinued as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>● Treatment with the following agents is recommended for 5–7 days, after which treatment should be reviewed and continued or discontinued as appropriate.</li> <li>● IV antibiotics may be switched to oral preparations after an appropriate interval.</li> <li>● If osteomyelitis is present, treat for at least 4–6 weeks, after which treatment should be reviewed and continued or discontinued as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>● Treatment with the following agents is recommended for 10–14 days, after which treatment should be reviewed and continued or discontinued as appropriate.</li> <li>● IV antibiotics may be switched to oral preparations after an appropriate interval.</li> <li>● If osteomyelitis is present, treat for at least 4–6 weeks, after which treatment should be reviewed and continued or discontinued as appropriate.</li> </ul>
<b>Antibiotic-naïve</b>	<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● Oral flucloxacillin 1 g qds.<sup>†</sup></li> </ul> <p><i>Alternatives</i></p> <ul style="list-style-type: none"> <li>● Doxycycline 100 mg bd, or</li> <li>● Clindamycin 300–450 mg qds.</li> </ul>	<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● Oral flucloxacillin 1 g qds (for MSSA or beta-haemolytic streptococci).<sup>†</sup></li> </ul> <p><i>Alternatives</i></p> <ul style="list-style-type: none"> <li>● Co-trimoxazole 960 mg bd,</li> <li>● Co-amoxiclav 625 mg tds, or</li> <li>● Clindamycin 450 mg qds,                             <ul style="list-style-type: none"> <li>– Add metronidazole 400 mg tds if anaerobes suspected.</li> </ul> </li> </ul>	<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● IV co-amoxiclav 1.2 g tds,                             <ul style="list-style-type: none"> <li>– Add gentamicin 5–7 mg/kg once daily if required.<sup>†‡</sup></li> </ul> </li> </ul> <p>NOTE: Oral therapy inappropriate.</p> <p><i>If allergic to penicillin, or concern about renal function</i></p> <ul style="list-style-type: none"> <li>● IV ciprofloxacin 400 mg bd and metronidazole 500 mg tds,                             <ul style="list-style-type: none"> <li>– Add IV vancomycin if MRSA infection suspected.<sup>†‡</sup></li> </ul> </li> </ul>
<b>Not antibiotic-naïve</b>	<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● Doxycycline 100 mg bd, or</li> <li>● Clindamycin 300–450 mg qds.</li> </ul>	<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● IV co-amoxiclav 1.2 g tds.</li> </ul> <p><i>Primary oral switch</i></p> <ul style="list-style-type: none"> <li>● Co-amoxiclav 625 mg tds, or</li> <li>● Co-trimoxazole 960 mg bd.</li> </ul> <p><i>Alternatives</i></p> <ul style="list-style-type: none"> <li>● IV ciprofloxacin 400 mg tds and IV metronidazole 500 mg tds (add IV vancomycin<sup>†‡</sup> if MRSA infection suspected), or</li> <li>● IV gentamicin<sup>†‡</sup> and IV metronidazole 500 mg tds (add IV vancomycin<sup>†‡</sup> if MRSA infection suspected).</li> </ul> <p><i>Alternative oral switch</i></p> <ul style="list-style-type: none"> <li>● Ciprofloxacin 500–750 mg bd and metronidazole 400 mg tds, or</li> <li>● Ciprofloxacin 500–750 mg bd and clindamycin 300–450 mg qds.</li> </ul>	<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● IV piperacillin/tazobactam 4.5 g tds,                             <ul style="list-style-type: none"> <li>– Add IV vancomycin if MRSA infection suspected (aim for a trough vancomycin concentration of 15–20 mg/L).<sup>†‡</sup></li> </ul> </li> </ul> <p><i>If allergic to penicillin</i></p> <ul style="list-style-type: none"> <li>● IV ciprofloxacin 400 mg bd and IV metronidazole 500 mg tds.</li> </ul> <p><i>Oral switch</i></p> <ul style="list-style-type: none"> <li>● Ciprofloxacin 500–750 mg bd and metronidazole 400 mg tds, or</li> <li>● Ciprofloxacin 500–750 mg bd and clindamycin 300–450 mg qds.</li> </ul>
<b>MRSA</b>		<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● IV vancomycin.<sup>†‡</sup></li> </ul> <p><i>Home IV service</i></p> <ul style="list-style-type: none"> <li>● IV teicoplanin.<sup>†‡</sup></li> </ul> <p><i>Oral switch<sup>†</sup></i></p> <ul style="list-style-type: none"> <li>● Rifampicin 300 mg bd (with either: trimethoprim 200 mg bd, doxycycline 100 mg bd, or fusidic acid 500 mg tds)<sup>†</sup>, or</li> <li>● Linezolid 600 mg bd.<sup>§</sup></li> </ul> <p><i>Osteomyelitis</i></p> <p>MRSA infection of bone, add either:</p> <ul style="list-style-type: none"> <li>● Rifampicin 600 mg bd, or</li> <li>● Sodium fusidate 500 mg tds.</li> </ul>	<p><i>Primary</i></p> <ul style="list-style-type: none"> <li>● IV vancomycin.<sup>†‡</sup></li> </ul> <p><i>Home IV service</i></p> <ul style="list-style-type: none"> <li>● IV teicoplanin.<sup>†‡</sup></li> </ul> <p><i>Oral switch<sup>†</sup></i></p> <ul style="list-style-type: none"> <li>● Rifampicin 300 mg bd (with either: trimethoprim 200 mg bd, doxycycline 100 mg bd, or fusidic acid 500 mg tds)<sup>†</sup>, or</li> <li>● Linezolid 600 mg bd.<sup>§</sup></li> </ul> <p><i>Osteomyelitis</i></p> <p>MRSA infection of bone, add either:</p> <ul style="list-style-type: none"> <li>● Rifampicin 600 mg bd, or</li> <li>● Sodium fusidate 500 mg tds.</li> </ul>

Dosing frequencies: bd=twice a day; qds=four times a day; tds=three times a day.

IV=intravenous; MRSA=meticillin-resistant *Staphylococcus aureus*; MSSA=meticillin-sensitive *Staphylococcus aureus*.

<sup>†</sup>Requires monitoring for complications; <sup>‡</sup>Monitor serum concentration; <sup>§</sup>Note concerns about linezolid toxicity with protracted therapy.