

Guidelines for the prescribing of antibiotics for cellulitis in lymphoedema

Situation	First-line antibiotics	If allergic to penicillin	Second-line antibiotics	Comments
Acute cellulitis with septicaemia requiring in-patient admission	BENZYLPENICILLIN IV 1.2 – 2.4g 6hrly +FLUCLOXACILLIN 1-2g IV 6 hrly +/- GENTAMICIN IV as per protocol	VANCOMYCIN IV +/- GENTAMICIN IV as per protocol	Seek advice from microbiologist	Switch to oral antibiotics (choice depends on microbiology results) when temperature down for 48hrs, inflammation resolving and CRP falling. Continue for at least 14 days – see below. Check for history of MRSA – if positive then seek advice from microbiologist.
Acute cellulitis when hospital admission not required	FLUCLOXACILLIN PO 500mg 6hrly +/- AMOXICILLIN PO 500mg 8hrly	ERYTHROMYCIN PO 500mg 6hrly <i>or</i> CLARYTHROMYCIN PO 500mg 12 hrly	Seek advice from microbiologist	Treat for at least 14 days or until signs of inflammation have gone – may take 1-2 months Check for history of MRSA – if positive then seek advice from microbiologist
Prophylaxis to prevent recurrent cellulitis – if had two or more attacks within one year	PHENOXYMETHYLPENICILLIN PO 500mg daily – increase to 1g if weight >75kg TRIMETHOPRIM PO 100mg at night for ano-genital cellulitis	ERYTHROMYCIN PO 500mg daily <i>or</i> CLARYTHROMYCIN PO 250mg daily	DOXYCYCLINE PO 50mg daily (not children)	After one year halve dose of penicillin to 250mg (500mg if >75kg) Stop after 2years if prophylaxis has been effective.
Emergency supply of antibiotics “just in case” e.g. when away from home	FLUCLOXACILLIN PO 500mg 6hrly	ERYTHROMYCIN PO 500mg 6hrly <i>or</i> CLARYTHROMYCIN PO 500mg 12 hrly		If not responding then change to second line oral antibiotics or admit to hospital for IV antibiotics depending on symptoms.
Cellulitis caused by animal bite	CO-AMOXICLAV 625mg 8 hrly	CIPROFLOXACIN PO 500mg 12 hrly + CLINDAMYCIN PO 300mg 6 hrly	Seek advice from microbiologist	