

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

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
- Systemically ill, 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 2-4
- Significant systemic upset such as acute confusion, tachycardia, tachypnoea, hypotension
- Unstable co-morbidities (eg AKI, cardiac decompensation or uncontrolled BMs)

**Category 4**

- NEWS  $\geq 5$
- Septic shock
- Severe life / limb threatening infection such as necrotising fasciitis.

Management

Can usually be managed with oral antimicrobials as an outpatient

Requires IV Rx  
Consider OPAT

Requires inpatient IV Rx  
See GGC inpatient infection management guidelines

**Inclusion Criteria**

- Ambulatory and self-caring (or have carer to look after them)
- Post-surgical site infection **only** by appropriate surgical speciality after their review
- Hand trauma or possible bone/joint infection or bursitis **only** by orthopaedics after their review
- Recent hospital admission, diabetic ulcer, prev MRSA or CDI only after discussion with Infectious Diseases

**If NO life-threatening Penicillin /beta-lactam allergy**

- Give 2g Ceftriaxone IV
- Observe for 30 mins

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

- give Daptomycin 6mg/kg IV (using actual body weight, dose rounded to nearest vial-350 mg or 500 mg vials)

- Refer to OPAT via Trakcare
- Phone OPAT nurse specialist (83107) for appt time Mon-Fri
- Sat-Sun phone Medical Day Unit (83105) between 0830-0900

**\*OPAT is based in the Medical Day Unit, 1<sup>st</sup> Floor, QEUH\***

**OPAT Exclusion Criteria**

- Alcohol dependency
- IV Drug misuse
- Significant mental health morbidity/ deliberate self harm
- Orbital cellulitis
- Renal function  $\leq$  CKD 4 ( $<eGFR 30 \text{ ml/min/1.73 m}^2$ )
- Immunosuppression
- Other medical problems requiring inpatient management
- Pregnancy / breast feeding
- $<18$  yr old

## OPAT referral with Skin or Soft tissue Infection: Patient Group Direction (PGD)

1. **Patient with skin or soft tissue infection** affecting upper or lower limb(s) or face (erysipelas)
2. **Patient reviewed by registered medical practitioner and requires IV antibiotic therapy** and judged by medical staff to be suitable and willing for out-of-hospital treatment
3. **The following patients are not suitable for OPAT PGD;**
  - Pain out of proportion to skin changes/ rapidly evolving/ Blistering
  - NEWS  $\geq 2$
  - Drug misusers – injecting intravenously, subcutaneously or into muscle.
  - Current alcohol dependency
  - Mental Health morbidity/ history of self-harm
  - Renal function  $\leq$  CKD 4
  - $< 18$  years old
  - Pregnant/ breast feeding
  - Orbital cellulitis
  - Immunosuppression
  - Other active medical problems requiring inpatient management
4. **The following patients require specialist surgical or orthopaedic review before consideration for OPAT PGD:**
  - Recent surgery in relation to the SSTI
  - Possible joint involvement
  - Bursitis
  - Hand trauma
5. **Patients with history of true Penicillin/ beta-lactam allergy are not suitable for Ceftriaxone PGD. Daptomycin PGD can be used in this circumstance.**
6. **Patients with an associated diabetic ulcer, history of recent hospital admission, documented MRSA infection or *Clostridium difficile* diarrhoea should be discussed with medical staff.**
7. If patient is **NOT** allergic to Penicillin/ beta-lactam:-  
Give **2g Ceftriaxone IV daily** and observe for 30 minutes  
  
If patient **IS** allergic to Penicillin/ beta-lactam:-  
Give **Daptomycin 6mg/kg IV daily** (using actual body weight), round each dose to the nearest vial size (350 mg or 500 mg vials)
8. **In lower limb cellulitis examine for tinea pedis** (both feet) and if present give miconazole nitrate 2% cream twice daily. Continue for 7 days after all signs and symptoms have disappeared.
9. **Assess daily and observe for signs of sepsis:** (at OPAT Clinic)  
  
Assess; Skin heat, Erythema, Pain, Swelling, Temperature, Pulse rate, Respiratory Rate  
Continue IV therapy until there is significant reduction in heat, erythema, pain and normal axillary temperature ( $<38^{\circ}\text{C}$ ), heart rate ( $<100\text{bpm}$ ) and respiratory rate ( $<20/\text{min}$ ). Average IV therapy length 3-4 days (to include any dose given in A&E)
10. **If deterioration at any time or no improvement at 72 hours**, arrange for Medical staff review
11. **When significant clinical improvement, switch to oral therapy** as follows;
  - **18 - 70 years old, or if true penicillin/ beta lactam allergy, give Clindamycin**

Weight $< 70$ kg	450mg 8 hourly
Weight $\geq 70$ kg	600mg 8 hourly
  - **Age  $> 70$  years and no known penicillin / beta lactam allergy give Flucloxacillin 1g 6 hourly**
12. **Continue oral therapy for 7 days. Review at 7 days if required.**

**\*NB Animal / Human bites – need review by medical staff. For further guidance please see <http://handbook.ggcmedicines.org.uk/guidelines/infections/skin-and-soft-tissue-infections/>**