

**TARGET Skin infection webinar – Panel Questions**

The following document covers questions and answers given during the live webinar “Skin Infection: Incorporating NICE antimicrobial prescribing guidelines”.

Find the live webinar recording [here](https://www.youtube.com/watch?v=kmO9mZCdWAs):

Answers have been provided by a group of clinical experts and follow NICE antibiotic prescribing guidelines. They do not reflect the views of UK Health Security Agency (UKHSA) or the Royal College of General Practitioners (RCGP).

**Impetigo**

1. Would treatment be the same for boils and infected sebaceous cyst as impetigo treatment?

Not necessarily, particularly with boils if recurrent you need to consider the possibility of PVL positive S aureus infection - that requires decolonisation.

Useful references- NICE. CKS. Boils, carbuncles, and staphylococcal carriage. 2022 [Available from: <https://cks.nice.org.uk/topics/boils-carbuncles-staphylococcal-carriage/>]

1. Can you follow the same guidelines for impetigo in the elderly?

 Yes, follow NICE guidance for adults aged 18 years and over

Useful references - NICE CKS. Impetigo. 2022 [Available from: <https://cks.nice.org.uk/topics/impetigo/>.]

1. Will chlorhexidine wash help manage impetigo?

It is thought to have a similar effectiveness as hydrogen peroxide but there is currently **no published evidence** so NICE cannot make a recommendation as to its use. The only antiseptic with evidence is hydrogen peroxide cream 1%.

Useful references – NICE CKS. Impetigo. 2022 [Available from: <https://cks.nice.org.uk/topics/impetigo/>.]

1. If a patient has infected eczema would it be treated similarly to impetigo?

Yes, unless there is cellulitis in which case follow NICE guidelines for cellulitis. However, there is specific NICE guidance for secondary bacterial infection of eczema. With secondary infection of eczema, it is important to treat underlying condition with treatments such as emollients and topical corticosteroids and only offer an oral antibiotic for people who are systemically unwell.

Useful references -

NICE. CKS. Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing. 2021. [Available from: <https://www.nice.org.uk/guidance/ng190>]

NICE. CKS. Cellulitis – acute. 2023 [Available from: <https://cks.nice.org.uk/topics/cellulitis-acute/>]

1. How do you manage recurrent impetigo?

For impetigo that is recurrent, consider the need for further investigations. NICE recommends taking a swab (of exudate from a moist lesion or de-roofed blister) for culture and sensitivities. Consider the possibility of meticillin-resistant *Staphylococcus aureus* (MRSA). Review the choice of antibiotic when swab results are available and change the antibiotic according to results using a narrow-spectrum antibiotic if possible.

Useful references - NICE CKS. Impetigo. 2022 [Available from: <https://cks.nice.org.uk/topics/impetigo/>.]

**Leg ulcers**

1. If a leg ulcer does not improve after 7 days, is the guidance **not to** give an alternate or more antibiotics?

Make sure to be clear on diagnosis, is it a spreading cellulitis/ infected leg ulcer as opposed to just colonised?

If infection is not improving, consider antibiotic dose, do you need to increase the dosage for that patient? Consider increasing dose with certain patient factors such as obesity and extent of the infection. IV antibiotics may be needed for severe infection.

Additionally consider microbiological testing and based on results review choice of antibiotic.

Useful references – NICE. Leg ulcer infection: antimicrobial prescribing [NG152], 2020. [Available from: <https://www.nice.org.uk/guidance/ng152>]

1. Which dressings should be used for leg ulcers?

No robust evidence has been identified to support the use of any dressing type over another for standard care of leg wounds. Recommend, simple low-adherent dressings with sufficient absorbency. Dressing selection should consider assessment of the wound and the patient’s preference.

Useful references - National Wound Care Strategy Programme. Recommendations for lower limb ulcers. 2020 [Available from: <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/04/Lower-Limb-Recommendations-WEB-25Feb21.pdf>]

National Wound Care Strategy Programme. Engaging with Evidence for Wound Care. 2022. [Available from: <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2022/11/Engaging-with-Evidence-for-Wound-Care-8Nov22-final.pdf>]

1. Should patient be referred to a vascular clinic to assess ankle brachial pressure index (ABPI) prior to compression therapy?

The patient should be referred (in accordance with local pathways) to a practitioner with the capabilities to complete a comprehensive lower limb assessment, but this is unlikely to be vascular. In the first instance. Community Nurses, Practice Nurses or Leg Ulcer services may be able to do this.

Useful references - National Wound Care Strategy Programme. Core Capabilities Framework for England. 2021. [Available from here: <https://www.skillsforhealth.org.uk/wp-content/uploads/2021/05/Wound-Care-Framework-2021.pdf>]

NHS England. Wound Care Education for The Health and Care Workforce e-learning. 2022. [Available from here: <https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/>]

1. How can you tell if there is osteomyelitis with a leg ulcer?

If there is direct probe to bone through the ulcer then it is likely to be osteomyelitis. If the ulceration is on a digit, the toe may display erythematous, and be swollen and sausage shape. Refer adults with an infected leg ulcer to hospital if they have any symptoms or signs suggesting a more serious illness or condition such as sepsis, necrotising fasciitis or osteomyelitis.

Useful references – NICE BNF. Musculoskeletal system infections, antibacterial therapy. [Available from: <https://bnf.nice.org.uk/treatment-summaries/musculoskeletal-system-infections-antibacterial-therapy/>]

**Cellulitis**

1. What would be the most differentiating symptom between cellulitis and deep vein thrombosis (DVT)?

Consider the position of the swelling, DVT tends to be positioned at the calf and cellulitis is often surrounding a site of injury. It is also important to consider other risk factors linked with the conditions and to use the 2-level DVT Wells score to assist in diagnoses.

Useful references – NICE. Venous thromboembolic diseases: diagnosis, management and thrombophilia testing. 2020 [Available from: <https://www.nice.org.uk/guidance/ng158>]

1. Would you treat cellulitis with antibiotics if the person wasn’t systematically unwell?

If the patient is not unwell it depends on whether you are clear about the diagnosis. However, if it is a spreading cellulitis then yes you should.

Useful references – NICE. CKS. Cellulitis – acute. 2023 [Available from: <https://cks.nice.org.uk/topics/cellulitis-acute/>]