

NICE Guidance Leg Ulcer Infection – Public Health England Last Updated February 2020

There are many causes of leg ulcer; any underlying conditions, such as venous insufficiency and oedema, should be managed to promote healing

- Few leg ulcers are clinically infected
- · Most leg ulcers are colonised by bacteria
- Antibiotics don't promote healing when a leg ulcer is not clinically infected

Symptoms and signs of an infected leg ulcer include:

- redness or swelling spreading beyond the ulcer
- localised warmth
- increased pain
- fever

Infection	Medicine	Doses (Adult)	Length
Leg ulcer	First choice: Flucloxacillin	500mg to 1g QDS	7 days
Leg ulcer	Penicillin allergy or if Flucloxacillin unsuitable:		
	Doxycycline OR	200mg on day1, then 100mg OD (can be increased to 200mgdaily)	7 Days
Leg ulcer			
	Clarithromycin OR	500mg BD	7 Days

Leg ulcer			
	Erythromycin (in pregnancy)	500mg QDS	7 Days
Leg ulcer	Second choice:		7 days
	Co-amoxiclav OR	500/125 TDS	
Leg ulcer			
	Co-trimoxazole (in penicillin allergy)	960mg BD	7 Days

Key Points

Prescribing considerations When choosing an antibiotic, take account of:

- the severity of symptoms or signs
- the risk of complications
- previous antibiotic use

Few leg ulcers are clinically infected, but most are colonised by bacteria. When prescribing antibiotics, take account of severity, risk of complications and previous antibiotic use.

Do not take a sample for microbial testing at initial presentation, even if the ulcer might be infected.

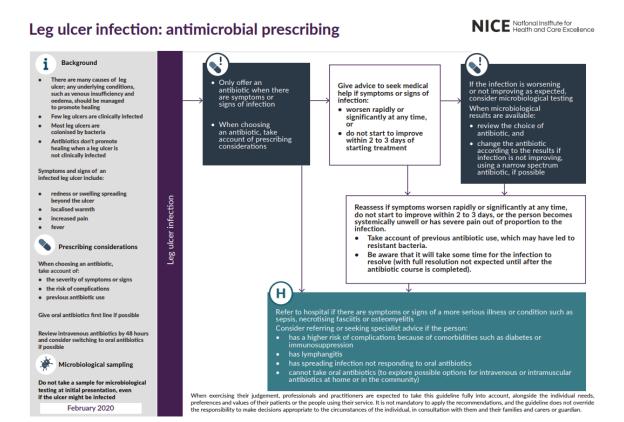
For detailed information click on the visual summary

https://www.nice.org.uk/guidance/ng152

• For wound Infection continuum and identifying wound infection/or Biofilm

<u>Tissue Viability - Home (sharepoint.com)</u>

- For dressing selection support. Wound management guidelines and formulary
 Bradford District Care NHS Foundation Trust
- Wound swabbing techniques and guidance <u>Tissue Viability Home</u> (sharepoint.com)



better lives, together

W: www.bdct.nhs.uk

