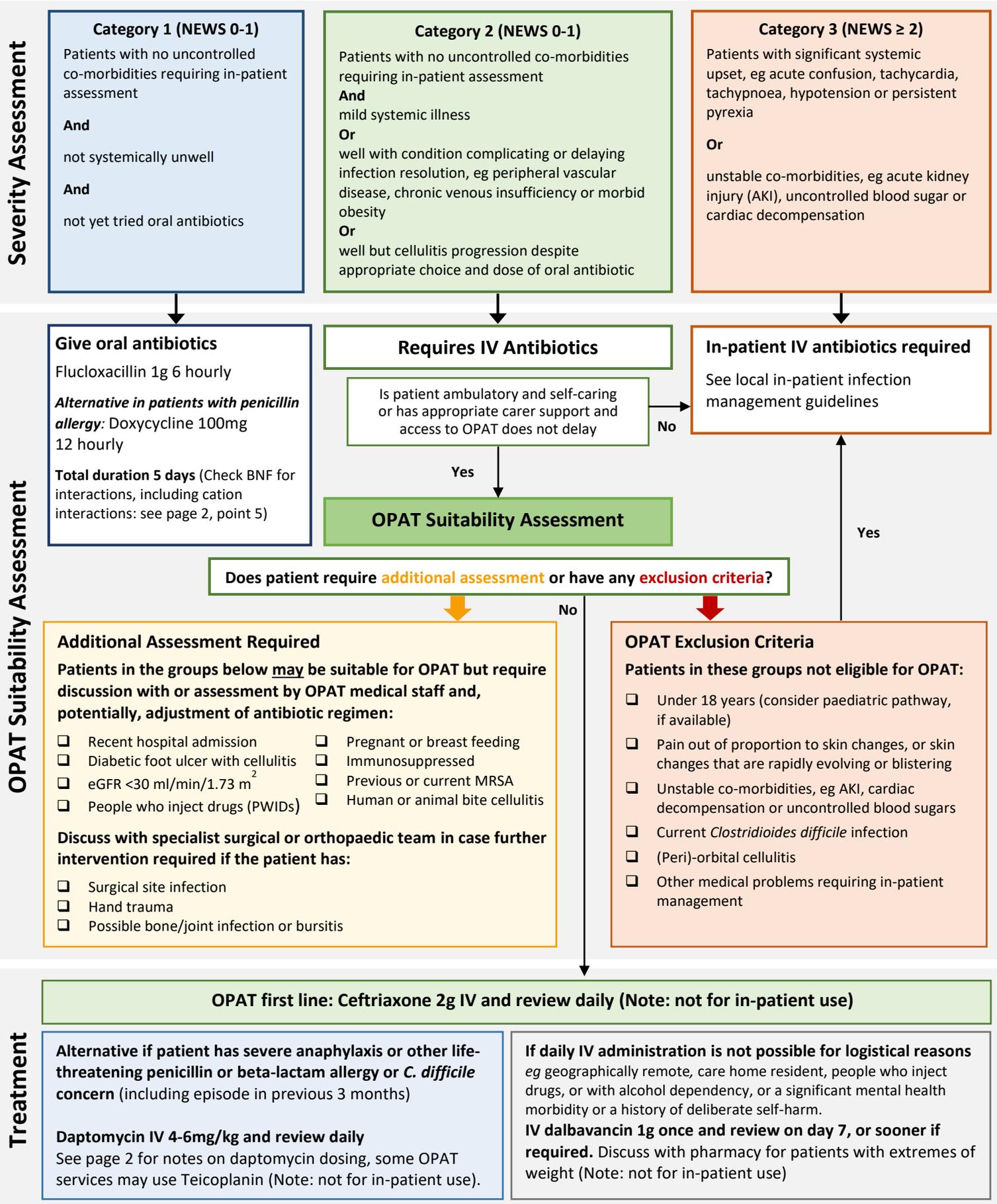


For OPAT/ambulatory care/Hospital at Home clinicians, including advanced nurse practitioners or other non-medical prescribers (within competency framework) and non-prescribing OPAT specialist nurses (in accordance with local OPAT SSTI patient group direction)

**Consider and exclude SSTI mimics** (see page 2, point 1) and **assess severity and suitability for OPAT** (see below).



# Guidance to support SAPG OPAT Pathway for management of adults with complicated SSTI

This guidance is for patients in an out-patient or Out-patient parenteral antibiotic therapy (OPAT) setting only, refer to local antimicrobial policy for in-patient management.

## 1. Consider SSTI mimics/other dermopathies

**Note:** Bilateral skin changes are usually **not** cellulitis.

- **Common:** Venous eczema, dependent rubor in venous insufficiency, superficial thrombophlebitis, irritant or allergic contact dermatitis, deep vein thrombosis, septic arthritis.
- **Less common:** Erythema nodosum, pyoderma gangrenosum, erythema multiforme, leukocytoclastic vasculitis.

## 2. Initial OPAT review (If patient is in hospital follow local hospital antimicrobial policy until OPAT review).

- Take baseline bloods including urea and electrolytes (U&Es), C-reactive protein (CRP), liver function tests (LFTs), full blood count (FBC), and blood cultures if possible.
- In patients with lower limb cellulitis examine both feet for, and treat, tinea pedis, if present.
- **IV ceftriaxone administration**
  - Administer IV ceftriaxone 2g daily via 30 minute infusion and observe for 30 minutes.
- **IV daptomycin administration** (if previous anaphylaxis or other life-threatening penicillin allergy or *C. difficile* concern)
  - Check baseline creatine kinase (CK) and highlight pulmonary eosinophilia risk.
  - Administer IV daptomycin 4-6 mg/kg (as per local guidance) daily via 3 minute injection or 30 minute infusion and observe for 30 minutes.
  - If estimated glomerular filtration rate (eGFR) <30ml/min/1.73m<sup>2</sup>, give IV daptomycin on alternate days.
  - Some OPAT services may prefer teicoplanin to daptomycin; refer to local guidance on dosing as, currently, there is no Scottish Antimicrobial Prescribing Group (SAPG) consensus on optimal dosing in the OPAT setting.

*Table: Daptomycin 6mg/kg dosing regimen adapted from Greater Glasgow and Clyde OPAT*

Body weight	6mg/kg dosing*
< 59kg	350mg
59 - 83kg	500mg
84 - 117kg	700mg
118 - 142kg	850mg
> 142kg	discuss with pharmacy

*\*Dose rounded to nearest vial*

## 3. Daily assessment whilst on IV therapy

- Assess national early warning score (NEWS), including temperature, pulse, BP and respiratory rate), skin heat, erythema, pain and swelling.
- Continue IV therapy until there is significant reduction in heat, erythema, pain and normal temperature (<38°C), heart rate (<100 bpm) and respiratory rate (<20 breaths/ min).
- If clinical deterioration observed at any time, or no improvement at 72 hours, arrange for medical review.
- Average IV therapy length 48-96 hours (including any IV doses given prior to OPAT).

## 4. If unable to review patient daily due to logistical reason(s): consider single dose of dalbavancin

- **Dalbavancin administration (avoid if known hypersensitivity to other glycopeptides)**
  - Administer IV dalbavancin 1g infusion over 30 minutes via peripheral cannula and observe for 30 minutes.
  - Review at one week to assess whether further antibiotic therapy is required, or sooner if any concern
  - The majority of patients require a single dalbavancin infusion only.
  - Discuss with pharmacy if caring for patients with extremes of weight or for repeat dosing advice.

## 5. Switch to oral when patient shows significant clinical improvement in local signs of infection

- Oral flucloxacillin 1g 6 hourly for 5 days duration **OR** (if previous anaphylaxis or other life-threatening penicillin allergy concern) oral doxycycline 100 mg 12 hourly for 5 days duration.

**Note:** If on cation (including calcium, calcium containing nutritional supplements, magnesium) ensure spaced  $\geq 2$  hours from doxycycline or withhold for treatment duration. Withhold iron if on doxycycline. See British National Formulary (BNF) for other interactions.

## 6. Advice for patients

- Importance of good skincare, eg application of non-perfumed emollient or soap substitute to affected area(s).
- Benefits of elevating the affected limb as much as possible until infection resolves.

## 7. Follow up and communication

- Provide all patients opportunity for telephone/remote review during OPAT and ensure communication with GP.
- Include admission plan in case a patient experiences deterioration out-of-hours and offer follow up/advice following completion of oral therapy.