Title	**Antibiotics for Cellulitis/Erysipelas in Lymphoedema**
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Reviewed by	NHS Borders Antimicrobial Management Team
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Antibiotics for cellulitis/erysipelas in lymphoedema (based on guidelines developed by the British Lymphology Society & Lymphoedema Network[†] and local empirical antibiotic policy)				
Situation	***First-line antibiotics****	***If allergic to penicillin****	***Second-line antibiotics****	***Comments****
Home Care Acute Cellulitis/erysipelas	Flucloxacillin 500 mg six hourly	Clarithromycin 500 mg twelve hourly	Consult Microbiologist	Antibiotics should be continued until all signs of acute inflammation have resolved. This may mean taking antibiotics for 1-2 months and the course of antibiotics should be for no less than 14 days from the time a definite clinical response is observed
Hospital admission Acute cellulitis/erysipelas + septicaemia	See NHS Borders Antimicrobial Guidelines for Hospitals	See NHS Borders Antimicrobial Guidelines for Hospitals	Consult Microbiologist	Switch to Flucloxacillin 500 mg six hourly when: - temperature down for 48 hours - inflammation much resolved - CRP <30 mg/L
Prophylaxis to prevent recurrent cellulitis (≥two attacks per year)	Flucloxacillin 500 mg once daily	Clarithromycin 250 mg once daily		
Emergency supply of antibiotics in case of need (when away from home)	Flucloxacillin 500 mg six hourly	Clarithromycin 500 mg twelve hourly	If fails to resolve, or constitutional symptoms develop, convert to iv regimen as for hospital admission	
History of **animal bite**	Co-amoxiclav 625mg eight hourly	(Excluding pregnancy and children) Doxycycline 100 mg twelve hourly + Metronidazole 400 mg eight hourly	Consult Microbiologist	
*Dosages are for oral treatment unless otherwise stated. Doses suggested are for adults and assume normal renal and hepatic function. ; iv = intravenously [†]www.lymphoedema.org				