Leg ulcer infection: antimicrobial prescribing

**Background**
- 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

**Prescribing considerations**
When choosing an antibiotic, take account of:
- the severity of symptoms or signs
- the risk of complications
- previous antibiotic use

Give oral antibiotics first line if possible.
Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics if possible.

**Microbiological sampling**
Do not take a sample for microbiological testing at initial presentation, even if the ulcer might be infected.

**Note:** when exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.