

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.

- Only offer an antibiotic when there are symptoms or signs of infection
- When choosing an antibiotic, take account of prescribing considerations

Give advice to seek medical help if symptoms or signs of infection:

- worsen rapidly or significantly at any time, or
- do not start to improve within 2 to 3 days of starting treatment

If the infection is worsening or not improving as expected, consider microbiological testing

When microbiological results are available:

- review the choice of antibiotic, and
- change the antibiotic according to the results if infection is not improving, using a narrow spectrum antibiotic, if possible

Reassess if symptoms worsen rapidly or significantly at any time, do not start to improve within 2 to 3 days, or the person becomes systemically unwell or has severe pain out of proportion to the infection.

- Take account of previous antibiotic use, which may have led to resistant bacteria
- Be aware that it will take some time for the infection to resolve (with full resolution not expected until after the antibiotic course is completed)

Refer to hospital if there are symptoms or signs of a more serious illness or condition such as sepsis, necrotising fasciitis or osteomyelitis

Consider referring or seeking specialist advice if the person:

- has a higher risk of complications because of comorbidities such as diabetes or immunosuppression
- has lymphangitis
- has spreading infection not responding to oral antibiotics
- cannot take oral antibiotics (to explore possible options for intravenous or intramuscular antibiotics at home or in the community)