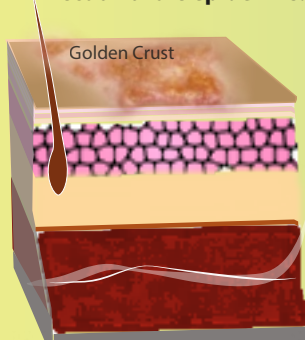


# Infection Quick Reference Guidelines

**Impetigo**



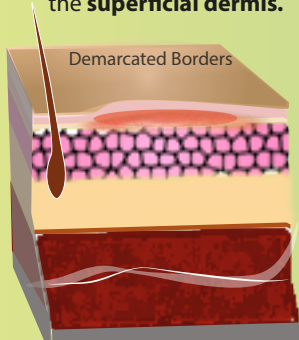
Impetigo appears first as red and then Golden Crusty lesions over a few days. Often itchy, painful, and spreads easily. It is caused by staphylococcus aureus infection of the **epidermis**.



**Erysipelas**



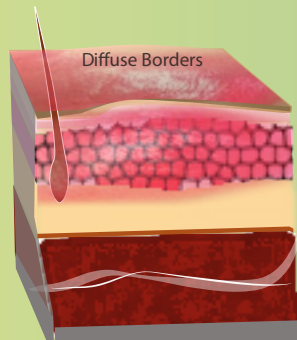
Erysipelas is characterised by sharp demarcation and bright salmon pink colour. May be associated with fever. It is an infection by beta haemolytic streptococci of the **superficial dermis**.



**Cellulitis**



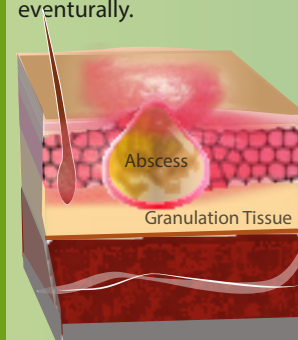
Cellulitis is an infection in the **lower dermis and hypodermis**. It is characterised by a tender pink lesion with poorly defined borders.



**Abscess**



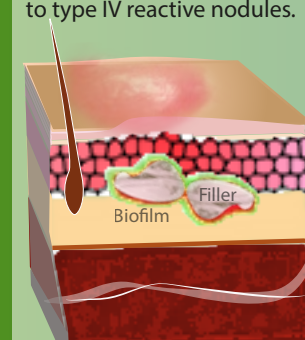
Abscesses form in the **lower dermis and hypodermis**, and are localised, very tender fluid filled masses which may produce a purulent discharge eventually.



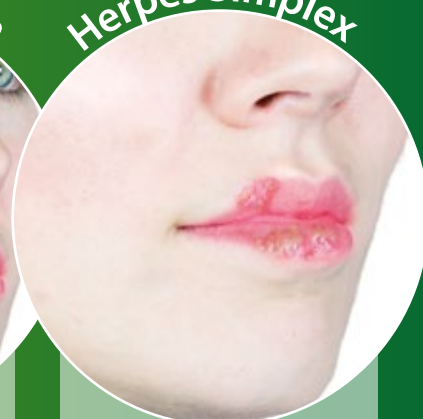
**Biofilm Reaction**



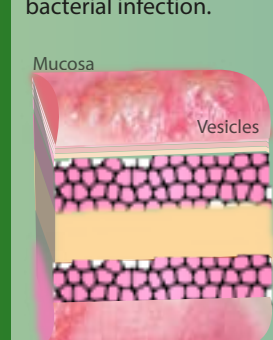
Biofilm reactions often form inflamed areas of lumpy or nodular filler. The classically fluctuate in severity or form chronic hard to treat infections. Clinically similar to type IV reactive nodules.



**Herpes Simplex**



Herpes Simplex infection is often reactivated by procedures. Small vesicles on the **mucosa** of lips, or sometimes **superficial dermis**. Beware mixed bacterial infection.



## Management

### Localised infection:

-Treated with topical fucidic acid 3 times/day 5 days.

### Wide spread or bullous:

Combine with oral antibiotics as per local guidelines:

-Flucloxacillin 500mg QDS for 7 days or  
-Clarithromycin 500mg bd 7 days.

### Localised infection:

-Treat with oral antibiotics as per local guidelines:

-Flucloxacillin 500mg QDS for 7 days or  
-Clarithromycin 500mg bd 7 days.

### Wide spread or systemic symptoms-

Refer for urgent IV antibiotics

### Localised infection:

-Treat with oral antibiotics as per local guidelines:

-Flucloxacillin 500mg QDS for 7 days or  
-Clarithromycin 500mg bd 7 days.

### Wide spread or systemic symptoms-

Refer for urgent IV antibiotics

### <1cm In Size

Pierce with needle & extrude + start antibiotics.

### >1cm

Refer for incision and drainage + start antibiotics.

Treat with oral antibiotics as per local guidelines:

**Wide spread or systemic symptoms-**

Refer for urgent IV antibiotics

(See Inflammatory Lesions Protocol)

**Antibiotics:** First Line, Macrolide: Clarithromycin 500mg twice daily for 14 days

Tetracycline: Minocycline 100mg twice daily for 14 days or Doxycycline 100mg twice daily for 14 days

Second Line

Dual antibiotic therapy  
Clarithromycin 500mg twice daily for 14 days  
Doxycycline 100mg twice daily

**Mild to moderate-** topical aciclovir OTC.

Oral Aciclovir if diagnosed with blisters still present and severe. 200mg 5 times a day usually for 5 days.

Consider prophylactic aciclovir for treatments in the future if reactivation occurs post procedure. 400mg twice daily,