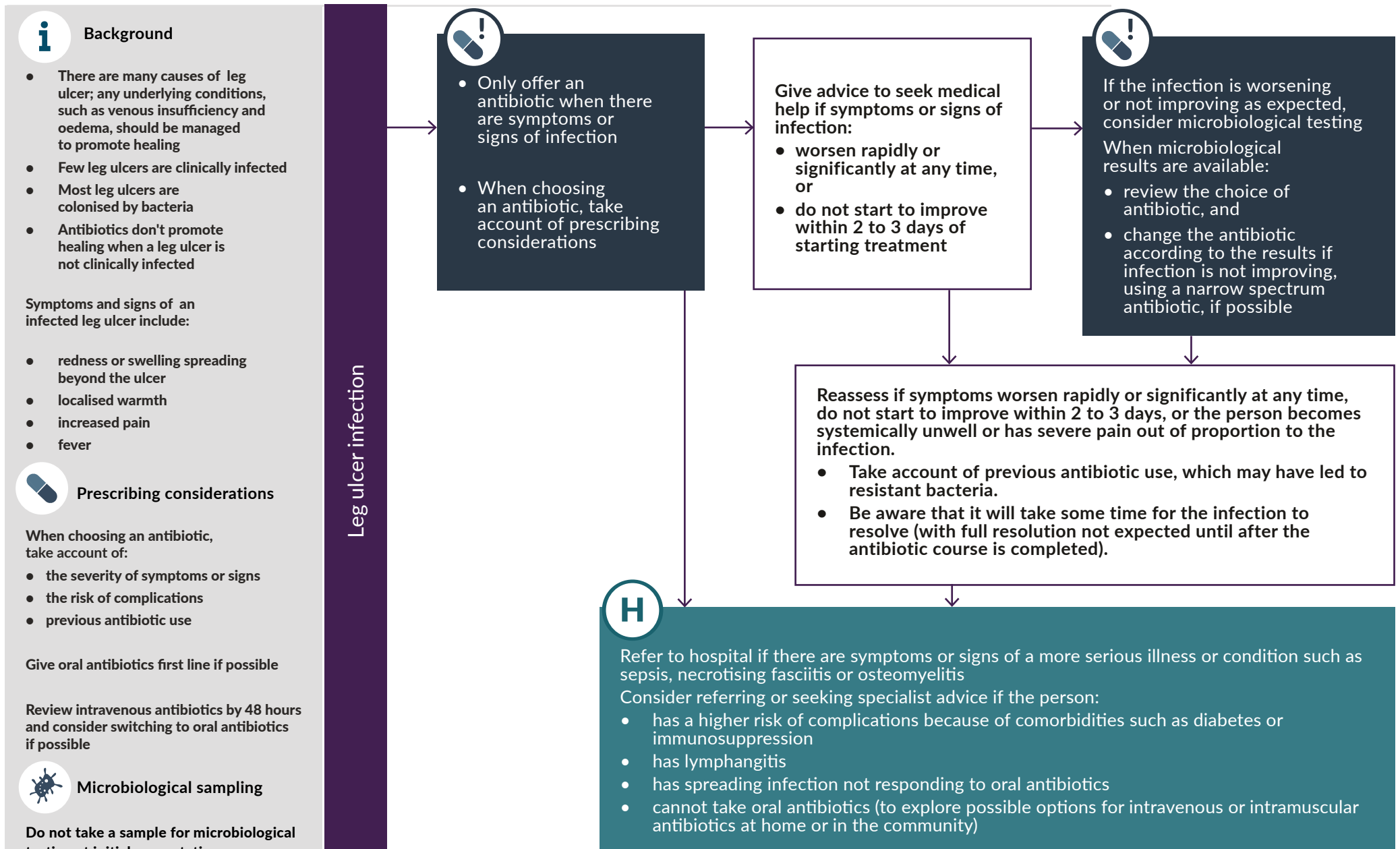


Leg ulcer infection: antimicrobial prescribing



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.

Leg ulcer infection: antimicrobial prescribing

Choice of antibiotic: adults aged 18 years and over

Antibiotic ¹	Dosage and course length ²
First-choice oral antibiotic	
Flucloxacillin	500 mg to 1 g ^{3,4} four times a day for 7 days
Alternative first-choice oral antibiotics for penicillin allergy or if flucloxacillin unsuitable	
Doxycycline	200 mg on first day, then 100 mg once a day (can be increased to 200 mg daily) for 7 days in total
Clarithromycin	500 mg twice a day for 7 days
Erythromycin (in pregnancy)	500 mg four times a day for 7 days
Second-choice oral antibiotics (guided by microbiological results when available)	
Co-amoxiclav	500/125 mg three times a day for 7 days
Co-trimoxazole ^{4,5,6} (in penicillin allergy)	960 mg twice a day for 7 days
First-choice antibiotics if severely unwell (guided by microbiological results if available) ⁷	
Flucloxacillin with or without	1 g to 2 g four times a day IV
Gentamicin ^{6,8} and/or	Initially 5 to 7 mg/kg IV, subsequent doses if required adjusted according to serum gentamicin concentration
Metronidazole	400 mg three times a day orally or 500 mg three times a day IV
Co-amoxiclav with or without	1.2 g three times a day IV
Gentamicin ^{6,8}	Initially 5 to 7 mg/kg IV, subsequent doses if required adjusted according to serum gentamicin concentration
Co-trimoxazole ^{4,5,6} (in penicillin allergy) with or without	960 mg twice a day IV (increased to 1.44 g twice a day in severe infection)
Gentamicin ^{6,8} and/or	Initially 5 to 7 mg/kg IV, subsequent doses if required adjusted according to serum gentamicin concentration
Metronidazole	400 mg three times a day orally or 500 mg three times a day IV
Second-choice antibiotics if severely unwell (guided by microbiological results when available or following specialist advice) ⁷	
Piperacillin with tazobactam	4.5 g three times a day IV (increased to 4.5 g four times a day if severe infection)
Ceftriaxone with or without	2 g once a day IV
Metronidazole	400 mg three times a day orally or 500 mg three times a day IV
Antibiotics to be added if MRSA infection is suspected or confirmed (combination therapy with antibiotics listed above) ⁷	
Vancomycin ^{6,8}	15 to 20 mg/kg two or three times a day IV (maximum 2 g per dose), adjusted according to serum vancomycin concentration
Teicoplanin ^{6,8}	Initially 6 mg/kg every 12 hours for three doses, then 6 mg/kg once a day IV
Linezolid (if vancomycin or teicoplanin cannot be used; specialist advice only) ⁶	600 mg twice a day orally or IV

¹See BNF for appropriate use and dosing in hepatic impairment, renal impairment, pregnancy and breastfeeding, and administering intravenous (or, where appropriate, intramuscular) antibiotics.

²Oral doses are for immediate-release medicines.

³The upper dose of 1 g four times a day would be off-label.

⁴The prescriber should follow relevant professional guidance, taking full responsibility for the decision, and obtaining and documenting informed consent. See the GMC's [Good practice in prescribing and managing medicines and devices](#) for more information.

⁵Not licensed for leg ulcer infection so use would be off-label.

⁶See BNF for information on monitoring of patient parameters.

⁷Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics if possible.

⁸See BNF for information on therapeutic drug monitoring.