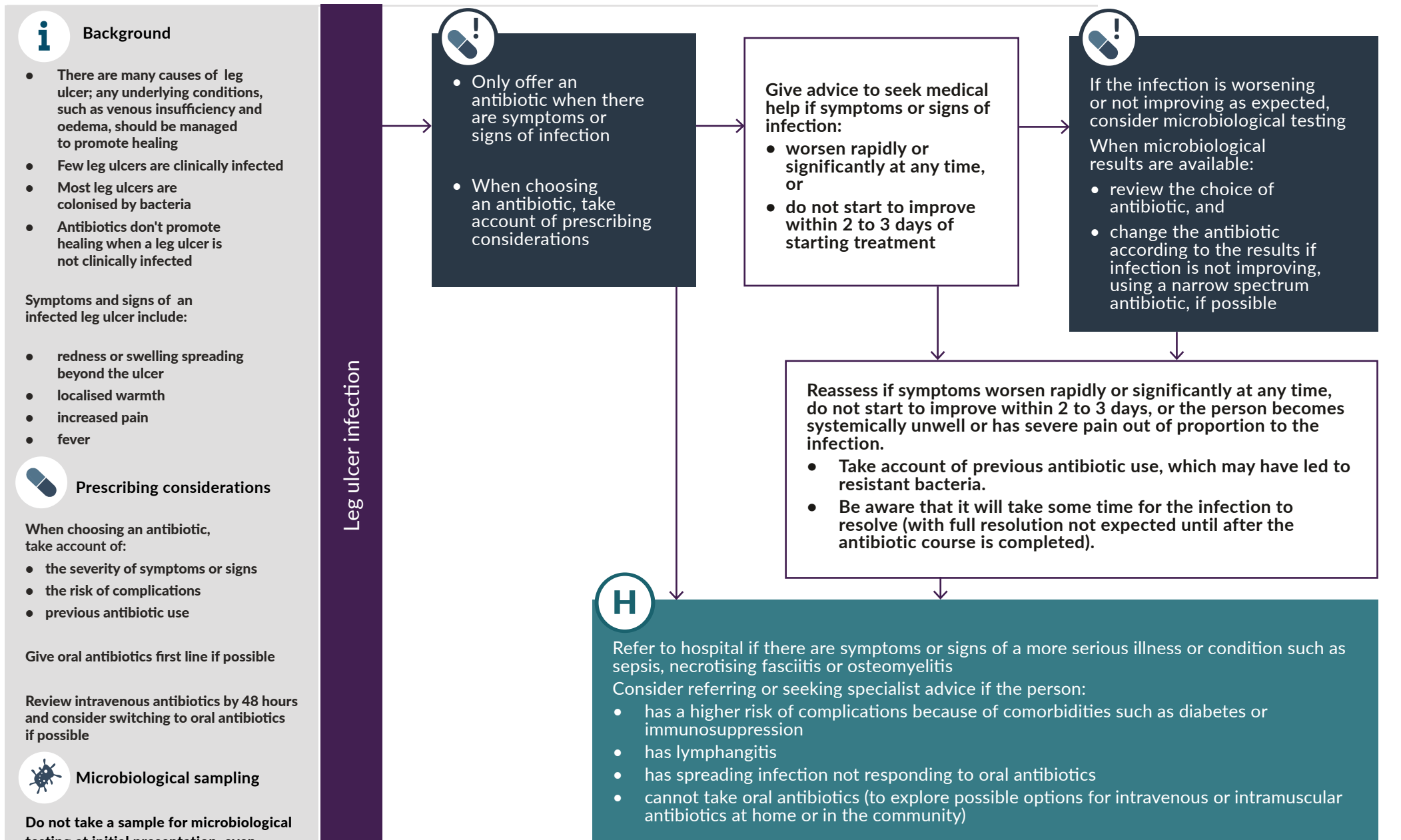


Leg ulcer infection: antimicrobial prescribing



Leg ulcer infection: antimicrobial prescribing

Choice of antibiotic: adults aged 18 years and over

Antibiotic ¹	Dosage and course length
First-choice oral antibiotic	
Flucloxacillin	500 mg to 1 g ^{2,3} 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) ⁴	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 ^{3,5,6} (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 mg/kg to 7 mg/kg once daily 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 mg/kg to 7 mg/kg once daily IV, subsequent doses if required adjusted according to serum gentamicin concentration
Co-trimoxazole ^{3,5,6} (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 mg/kg to 7 mg/kg once daily 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 mg/kg 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.

²The upper dose of 1 g four times a day would be off-label.

³The 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.

⁴Erythromycin is preferred if a macrolide is needed in pregnancy, for example, if there is true penicillin allergy and the benefits of antibiotic treatment outweigh the harms.

See the [Medicines and Healthcare products Regulatory Agency \(MHRA\) Public Assessment Report on the safety of macrolide antibiotics in pregnancy](#).

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.