

Supplement 2: Antibiotics for treatment of bacterial skin and soft tissue infections (SSTIs)



This supplement complements the recommendations in the ACE Clinical Guideline (ACG) “*Bacterial skin and soft tissue infections – diagnosis and antibiotic prescribing*”. The following tables (1–3) have been developed to support the treatment of bacterial SSTIs in outpatient settings. The information, including doses, is drawn from available package inserts accessed from the [Health Sciences Authority \(HSA\) website](#) unless otherwise specified in the tables below. Other local¹⁻⁴ and international⁵⁻⁹ guidelines, the [Sanford Guide](#), [UpToDate](#) and [MIMS](#) were cross-referenced and used if there were no available HSA package inserts. Maximum doses for paediatric populations are sourced from HSA package inserts, or from UpToDate if maximum doses were not specified in the HSA package inserts.

For further details on the rationale underpinning the selection of antibiotics in these tables, please refer to the ACG’s [Evidence-to-Recommendation \(EtR\) framework](#). For guidance on dosing for patients with renal impairment, refer to the HSA package inserts or institutional protocols. The tables specify use of topical, oral, or intravenous antibiotics, based on the severity of infection (see Figure 3 in the ACG for features of mild and severe bacterial SSTIs). This list provided is not exhaustive and may not reflect all the options available in local primary care. When treating bacterial SSTIs, note the following antibiotic course durations:^a

- Impetigo, folliculitis, cellulitis, or erysipelas: typically 5 to 7 days^{6-8, 10, 11}
- Furuncles, carbuncles, or skin abscess: typically 7 to 10 days⁹

^a Antibiotic course duration may be extended based on clinical assessment. Note that local package inserts for selected antibiotic agents (cefalexin, clindamycin, cefazolin) recommend treatment for at least 10 days for beta-haemolytic streptococcal infections.

Table 1. Topical antibiotics

For:

Localised mild impetigo	Localised mild folliculitis
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Topical antibiotic	Adult	Paediatric
Preferred		
Fusidic acid cream/ ointment	Apply to affected area 2–3 times daily.	Apply to affected area 2–3 times daily.
Mupirocin ointment (consider reserving for MRSA infection)	Apply to affected area 2–3 times daily.	Apply to affected area 2–3 times daily. • Local package insert reports that mupirocin has not been studied in infants under 1 year old.
Alternative choice		
Gentamicin cream (to be used if first choices are not suitable or available)	Apply to affected area once or several times daily.	Apply to affected area once or several times daily.

Table 2. Oral antibiotics

For:

Mild cellulitis	Severe furuncles	Ecthyma	Severe impetigo
Mild erysipelas	Severe skin abscess	Severe carbuncles	Severe folliculitis

Oral antibiotic	Adult	Paediatric
First line		
Cefalexin Preferred as it is a narrow-spectrum antibiotic. ¹² May not be efficacious in treating skin abscess. ¹³	<u>Capsule/ suspension:</u> 500 mg QDS.*	<u>Capsule/ suspension:</u> 25–50 mg/kg/day in 3 or 4 divided doses (in severe infections, the dosage may be increased to 50–100 mg/kg/day; maximum dose is 500 mg/ dose; ¹⁴ maximum daily dose is 4 g).
Cloxacillin Preferred as it is a narrow-spectrum antibiotic. ¹⁵	<u>Capsule/ suspension:</u> 250–500 mg QDS.	<u>Capsule/ suspension†</u> - Up to 20 kg of body weight: 50 mg–100 mg/kg/day (QDS dosing). 20 kg of body weight and over: use adult dose. In current practice, maximum dose is 500 mg/ dose.
Alternative choice		
Amoxicillin + clavulanic acid	<u>Tablet:‡</u> One 500 mg/125 mg tablet BD to TDS or one 875 mg/125 mg tablet BD.	<u>400 mg amoxicillin/57 mg clavulanic acid suspension (children at least 2 months old)</u> 25 mg/3.6 mg/kg/day (severe infections: 45 mg/6.4 mg/kg/day), in 2 or 3 divided doses (maximum 500 mg amoxicillin per dose for 8-hourly dosing and maximum 875 mg amoxicillin per dose for 12-hour dosing). ¹⁶ <u>250 mg amoxicillin/62.5 mg clavulanic acid suspension (dose referenced from MIMS as there was no HSA package insert available)</u> - For patients <40kg: 20 mg/5 mg/kg/day to 45 mg/11.25 mg/kg/day in 3 divided doses (maximum 500 mg amoxicillin per dose for 8-hourly dosing).¹⁶ ≥40 kg: use adult use (500 mg/125 mg TDS).
Penicillin allergy		
Clindamycin	<u>Capsule</u> 450–600 mg TDS. §	<u>Capsule (children > 1 month old)</u> 20–25 mg/kg/day in 3 or 4 equal doses (maximum 450 mg per dose). ^{17,**}

Abbreviations: BD: twice a day; TDS: three times a day; QDS: four times a day

* This dosing is based on information from UpToDate. HSA package inserts mention that usual dosage is 250 mg QDS or 500 mg BD, but also acknowledge that larger doses may be needed for more severe infections.

† This dosing is based on HSA package insert. Information from UpToDate states the following dosing: 5 to <40 kg: 50 mg/kg/day in divided doses every 6 hours; ≥40 kg: 250 to 500 mg every 6 hours.²⁰

‡ For adults with difficulty swallowing, crushing the tablet is the preferred therapeutic option. If instead using suspension formulation for adults, provide adequate dosing to ensure similar amoxicillin and clavulanic acid doses as tablet formulation.

§ HSA package inserts include a broader range (600–1800 mg/day); based on local expert experience, 450–600 mg TDS (which falls within the HSA package insert dose range) is listed for clearer guidance.

** In current practice, oral clindamycin doses of 30–40 mg/kg/day are routinely provided to paediatric patients.

Table 3. Intravenous antibiotics

For:

Severe cellulitis	Severe erysipelas
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Intravenous antibiotic	Adult	Paediatric
First line		
Cefazolin Preferred as it is a narrower-spectrum antibiotic	Depending on severity, 3–6 g/day in 3 divided doses.*	<u>Above 1 month old</u> 50–100 mg/kg/day divided in 3 or 4 divided doses. For serious infections, UpToDate states that up to 150 mg/kg/day may be used (maximum 2000 mg/ dose). ¹⁸
Ceftriaxone	1–2 g, once a day.	15 days to 12 years old: 50–80 mg/kg once a day (maximum daily dose: 2000 mg/day);¹⁹ weight of 50 kg or more: use adult dose. - Children over 12 years old: use adult dose.
Amoxicillin + clavulanic acid	1000 mg/200 mg q8hourly or q6hourly. [†]	<u>1000 mg amoxicillin/200 mg clavulanic acid formulation</u> 3 months to 12 years old: 75 mg/15 mg – 100 mg/20 mg/kg/day in 3 or 4 divided doses. - Children over 12 years old: use adult dose.
Penicillin allergy		
Clindamycin	600 mg q8hourly to q6hourly. [‡]	<u>Children over 1 month old</u> 20–40 mg/kg/day in 3 or 4 equal doses (maximum 600 mg per dose). ¹⁷

Abbreviations: q6hourly, every 6 hours; q8hourly, every 8 hours

* HSA package inserts recommend 500 mg to 1 g three or four times a day for moderately severe and severe infections and 1 g to 1.5 g four times a day for severe life-threatening infections; [Sanford Guide](#) and [UpToDate](#) recommend 1 to 2g every 8 hours.

[†]Based on local expert experience, q6hourly dosing may be required for patients in whom excessive weight is likely to impact antibiotic pharmacodynamics (e.g. patients with obesity).

[‡]This is equivalent to a daily dose of 1800–2400mg, which falls within the range indicated by HSA package inserts.

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