Antibiotics for cellulitis/erysipelas in lymphoedema (based on guidelines developed by the British Lymphology Society & Lymphoedema Network[†] and NHS Borders local empirical antibiotic guidelines)

Situation	First-line antibiotics*	If allergic to penicillin*	Second-line antibiotics*	Comments*
Home Care Acute Cellulitis/erysipelas	Flucloxacillin 500 mg- 1g six hourly	Clarithromycin 500 mg twelve hourly Or Erythromycin 500mg 6 hourly in pregnancy	Consult Microbiologist	Antibiotics should be given for 14 days. If recurrence/deterioration occurs soon after completion of a 14-day course, consult Microbiologist. Longer courses are occasionally needed.
Hospital admission Acute cellulitis/erysipelas + septicaemia	See NHS Borders Antimicrobial Guidelines for Hospitals	See NHS Borders Antimicrobial Guidelines for Hospitals	Consult Microbiologist	Switch to Flucloxacillin 500 mg-1g six hourly when: - temperature down for 48 hours - inflammation much resolved - CRP <30 mg/L
Prophylaxis to prevent recurrent cellulitis (≥two attacks per year)	Phenoxymethylpenicillin 250mg 12 hourly Or Flucloxacillin 500 mg once daily Depending on previous culture and sensitivity results	Clarithromycin 250 mg once daily Or Erythromycin 250mg 12 hourly in pregnancy		
Emergency supply of antibiotics in case of need (when away from home)	Flucloxacillin 500 mg - 1g six hourly	Clarithromycin 500 mg twelve hourly Or Erythromycin 500mg 6 hourly in pregnancy	If fails to resolve, or constitutional symptoms develop, convert to iv regimen as for hospital admission	5d supply and to seek medical advice
History of animal bite	Co-amoxiclav 625mg eight hourly	(Excluding pregnancy and children) Doxycycline 100 mg twelve hourly + Metronidazole 400 mg eight hourly	Consult Microbiologist	

^{*}Dosages are for oral treatment unless otherwise stated. Doses suggested are for adults and assume normal renal and hepatic function.; iv = intravenously twww.lymphoedema.org