

CLINICAL GUIDELINE

Adult Antibiotic Wound Management for the Emergency Department

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Antimicrobial Utilisation Committee

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.



Emergency Department Adult Antibiotic Wound Management Guidelines

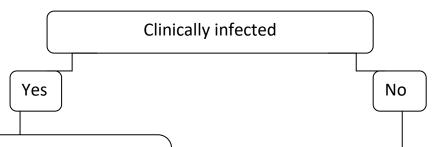
Human or Animal Bite

Wound Management

- 1. Thorough wound toilet and debridement where necessary.
- 2. If human bite refer to GGC blood borne virus protocol (https://rightdecisions.scot.nhs.uk/ggc-clinical-guideline-platform/adult-infection-management/blood-borne-viruses/bloodborne-viruses-testing-diagnosis-and-referral-209)

Vaccines are no longer given in the community by GPs, to organise vaccination please complete this e form <u>Adult Non Routine</u> Vaccinations (office.com)

3. Consider tetanus status Public Health England (PHE) Green book, chapter 30 p8-10



- 1. Swab
- 2. Treat as per GG&C policy

Treatment / Prophylaxis:

ORAL Co-amoxiclav 625mg 8 hourly

Or if true penicillin allergy

ORAL Doxycycline 100mg 12 hourly and

ORAL Metronidazole 400mg 8 hourly

Treatment **Duration 5 days**

PROPHYLAXIS

Duration 3 days

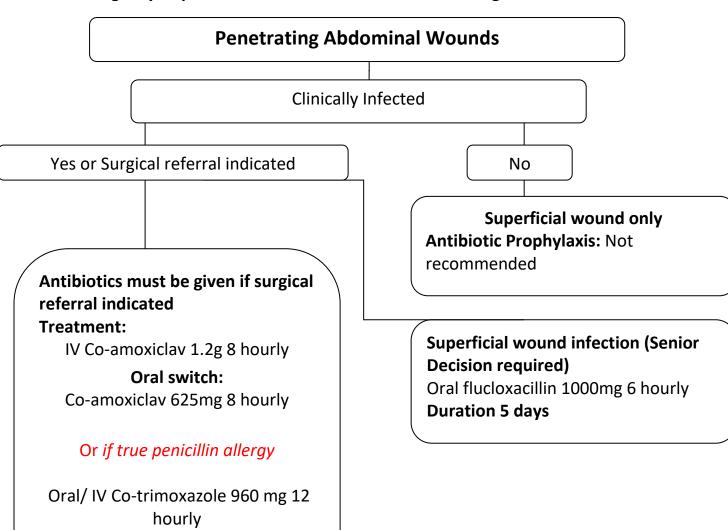
For severe bites see GGC Infection management guidelines

Antibiotic prophylaxis indicated if any of the following are present:

- Hand, wrist, foot, face, areas of poor circulation or genital wound
- Crush wound with devitalised tissue
- Previously sutured wounds
- Full thickness wounds involving tendons, ligaments and joints
- Immunosuppressed (including asplenia, decompensated liver disease, diabetes, rheumatoid arthritis, high dose steroids e.g. > 15mg/ day for > 2 weeks)
- Patients with prosthetic joints / heart valves
- Post Mastectomy
- Delayed presentation >8 hours
 (NB. Antibiotics are not required if the wound is > 2 days old and there are no signs of local or systemic infection)
- Pre-existent or resultant oedema of the affected area
- Moderate to severe bite (clear full thickness skin puncture or tissue loss)
- Cat bites that have broken the skin but not drawn blood, if the wound could be deep



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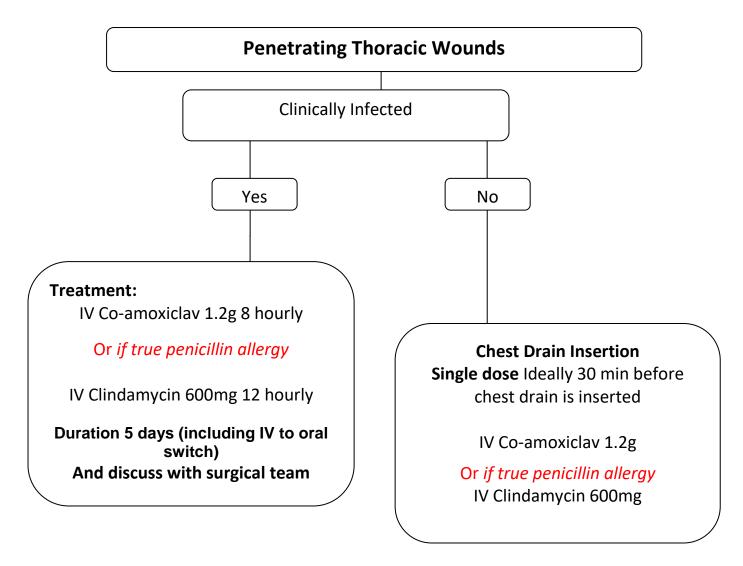


And
Oral metronidazole 500mg 8 hourly

Duration 5 days IV/PO but dependent on clinical review



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- **Compound Fractures** see orthopaedic guidelines <u>Orthopaedic Surgical</u> <u>Prophylaxis (218) | Right Decisions (scot.nhs.uk)</u>
- **Polytrauma,** antibiotics not routinely indicated.
- Intercostal drains; there is an NHSGGC guideline Chest Drain (271) | Right Decisions (scot.nhs.uk)

References

1. <u>Recommendations | Human and animal bites: antimicrobial prescribing | Guidance | NICE</u>, Nov 2020, accessed 26.06.2023