

PF Impetigo Pathway Summary: For 1 years and over

This summary does not replace the PGDs or Clinical Pathway. Please make sure you have read, understood and signed the PGDs.

To meet Gateway criteria (and be eligible for PGD):

Typical impetigo clinical features:

- The exudate dries to form a golden yellow or yellow brown crusts
- Lesions most common on face (nose/ mouth), limbs and flexures (behind the ears, neck folds, under arms, groin, buttocks, fingerwebs or toe spaces)
- Usually asymptomatic, may be mildly itchy



Exclusions: If the patient has any of the following, refer them to their GP surgery or other provider

- Under 1 yrs
- Severe immunosuppressed
- Pregnancy or suspected pregnancy in under 16 years
- Lesions on the breast when breastfeeding
- Failed previous topical or oral treatment (including oral antibiotic) for this episode of impetigo
- Recurrent impetigo (defined as 2 or more episodes in the same year)
- Currently active underlying skin condition (e.g. currently uncontrolled eczema or contact dermatitis, or current episode of scabies, chickenpox)
- Systemically unwell
- Symptoms of a more serious illness (e.g., swelling, large blisters, pain, pus or spreading redness)
- Recurrent impetigo (defined as 2 or more episodes in the same year)

Oral antibiotics only

- Individuals with previous or current history of liver disease or with a previous history of antibiotic associated jaundice/liver dysfunction
- Patients with known Chronic Kidney Disease (CKD) stage 5

Treatment:

Localised (3 or less lesions/clusters)

1st Choice Hydrogen Peroxide 1% for 5 days, If unsuitable (e.g. around eyes) or ineffective use 2nd choice.

2nd Choice Fusidic acid 15g cream three times a day for 5 days (30g if 15g not available).

Widespread (more than 3 lesion/clusters)

1st Choice: Flucloxacillin capsules/ liquid four time a day for 5 days (Flucloxacillin can be used in breastfeeding)

Clarithromycin should be used when Flucloxacillin is contraindicated, Erythromycin should be used when Flucloxacillin is contraindicated and pregnancy or suspected pregnancy.

Advice/Safety Netting:

- If symptoms worsen rapidly or significantly at any time or do not improve in 5 days the patient should contact their GP surgery or other provider as appropriate.
- Impetigo is contagious, it stops being contagious:
 - 48 hrs after start using treatment
 - When impetigo patches dry out and crust over