

PF Infected Insect Bite 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):

The bite or sting must have occurred more than 48hrs ago and the patient MUST have Redness and swelling of the skin that is spreading AND/ OR Evidence of pustular discharge.

The patient may also have:

- Painful or tenderness to the area
- Skin surrounding the bite area is hot to touch



For patients who do not meet the criteria consider oral antihistamine and topical steroid (if appropriate).

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

- Under 1 yrs
- Patient is systemically unwell
- Known co-morbidities (e.g. peripheral arterial disease, lymphoedema)
- Severe pain (out of proportion to the wound)
- Significant collection of fluid or pus at wound site
- Severe immunosuppressed
- Bite or scratch was caused by an animal or human
- Bite occurred outside of the UK (consider malaria depending on country)
- Pregnancy or suspected pregnancy in under 16 years
- Patients following a ketogenic diet
- Failed previous antibiotic for this episode of infected insect bite or sting
- Any individual suspected of having a systemic reaction to an insect bite or sting i.e. angio-oedema or anaphylaxis
- Previous systemic allergic reaction to the same type of bite or sting
- Numbness or tingling of the affected area
- Insect sting/bite in the mouth or throat, or around the eyes
- Puncture wound contaminated with freshwater or sea water, soil or manure.
- Insect bites caused by a tick (where tick present or evidence of bullseye rash)
- 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: 5 days supply

1st Choice: Flucloxacillin capsules/ liquid four times 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.
- Provide TARGET self-care leaflet
- Provide advice on pain management: where appropriate, paracetamol, alone or combination with ibuprofen.
- Consider oral antihistamine and topical steroid (if appropriate).
- Advise that skin does take time to return to normal, it can take up to 10 days.
- For children: see Healthier Together guidance (insect bites) for further information on appropriate signposting and parent information sheets.