



SKIN AND SOFT TISSUE INFECTIONS

Impetigo

(CKS - Impetigo)(NICE Guidance (NG153))

Impetigo is a common superficial bacterial infection of the skin. The two main clinical forms are:

- Non-bullous impetigo accounts for most cases (about 70%).
- **Bullous impetigo** bullae are fluid filled lesions which are usually more than 5mm in diameter.

Organisms:

- Staphylococcus aureus
- Group A Streptococci

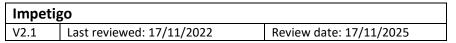
Advise people with impetigo, and their parents or carers if appropriate, about good hygiene measures to reduce the risk of impetigo spreading to other areas of the body and to other people.

• British Association of Dermatologists patient information leaflet here

Treatment:

Do not offer combination treatment with a topical and oral antibiotic to treat impetigo.

Medication ¹	Dose Duration		
Localised non-bullous impetigo (not are			
Hydrogen peroxide 1% cream	Adults and children:		
(Crystacide®)	Apply two or three times a day	5 days	
(Not suitable for use around the eyes)			
Available as an OTC Pharmacy Only			
medication			
Localised non-bullous impetigo (around	d the eyes) or widespread non-bullous impetigo or	for localised non-bullous	
impetigo if hydrogen peroxide is ineffec	tive or is not suitable		
1st line:			
Topical fusidic acid 2% cream	Adults and children:		
	Apply three times a day	5 days	
Alternative:	Adults and children:		
Topical mupirocin 2% ointment	Apply three times a day	5 days	
(If fusidic acid resistance suspected or			
confirmed e.g., if MRSA / PVL-SA)			
Bullous impetigo or systemically unwel	l or at high risk of complications, or if non-bullous	impetigo is too widespread	
for topical treatment		penge io coe in acepi can	
1st line:			
Flucloxacillin	1 month to 1year: 62.5-125mg four times a day	5 days (appropriate for most	
(Not suitable if penicillin allergy)	2 to 9 years: 125-250mg four times a day	people, but can be increased	
	10 to 17 years : 250-500mg four times a day	to 7 days if severe or high	
	Adults: 500mg four times a day	number of lesions)	
Alternative oral antibiotics if penicillin	allergy or flucloxacillin unsuitable:		
Clarithromycin ³	1 month to 11 years:	5 days (appropriate for most	
•	Under 8kg: 7.5mg/kg twice a day	people, but can be increased	
	8 to 11kg : 62.5mg twice a day	to 7 days if severe or high	
	12 to 19kg : 125mg twice a day	number of lesions)	
	20 to 29kg : 187.5mg twice a day		
	Adults & children ≥12 years or ≥30kg: 250mg		
	twice a day.		
	Increase to 500mg twice a day for severe		
	infections in children over 12 years and adults.		





Nottinghamshire Area Prescribing Committee

Erythromycin ^{2,3}	8 to 17 years: 250mg-500mg four times a day	5 days (appropriate for most		
(Preferred in pregnancy)	Adults: 250-500mg four times a day	people, but can be increased		
		to 7 days if severe or high		
		number of lesions)		
¹ See BNF for appropriate use and dosing	g in specific populations, e.g., hepatic, or renal impairment, pregnanc	y, and breastfeeding.		
² Erythromycin is preferred in women who are pregnant.				
³ Withhold statins whilst on clarithromycin/erythromycin course.				

Version Control - Impetigo				
Version	Author(s)	Date	Changes	
V2.1	Nichola Butcher, Specialist MO Interface Pharmacist	17/11/22	Description added and link to CKS. PIL added. Doses checked with BNF and BNFC. Additional children's doses added. Footnote row added to treatment table. Doxycycline removed as option as not in CKS/BNF.	