

Boils		
V2.2	Last reviewed: 22/05/2023	Review date: 19/01/2026

SKIN AND SOFT TISSUE INFECTIONS

Boils

([CKS Boils, carbuncles, and staphylococcal carriage](#))

Boils initially appear as firm, tender, erythematous nodules, which after several days enlarge and become painful and fluctuant (a wave-like feeling on palpating skin overlying a fluid-filled cavity with non-rigid walls).

Organisms

- *Staphylococcus aureus*

Treatment

- Advise patients:
 - To apply moist heat three to four times a day to alleviate pain, localise infection and hasten drainage.
 - To take paracetamol or ibuprofen as required for pain relief.
 - To maintain good personal hygiene, washing hands carefully after contact with lesions.
 - To refer to British Association of Dermatologists [leaflet](#).
- **Do not give antibiotics to patients with small abscess <5cm and no cellulitis:** Incise and drain if necessary.
- Antibiotics are indicated if:
 - There is also fever or extending cellulitis.
 - The lesion is large (e.g., carbuncle) or on the face.
 - There are other co-morbidities (e.g., diabetes, immunocompromised).
- If boils are recurrent or necrotic or occurring within groups of contacts e.g., households, consider PVL-producing *S.aureus* as a cause (see Panton-Valentine Leukocidin [PVL](#) guideline).

Consider MRSA if patient is in the risk [group](#). If previously known to have been colonised or infected with MRSA, do not use empirical flucloxacillin, empirical treatment is guided by the sensitivity pattern of the MRSA isolate. See local [MRSA](#) guideline.

Antibiotic ¹	Dosage	Duration
First line choice:		
Flucloxacillin	Child 1mth-1yr: 62.5mg-125mg four times a day Child 2-9yrs: 125mg-250mg four times a day Child 10-17yrs: 250mg-500mg four times a day Adult: 500mg-1g four times a day	5 days (appropriate for most people but can increase to 7 days if severe).
In penicillin allergy:		
Clarithromycin ³	1 month to 12 years: Under 8kg: 7.5mg/kg twice a day 8 to 11kg: 62.5mg twice a day 12 to 19kg: 125mg twice a day 20 to 29kg: 187.5mg twice a day 30 to 40kg: 250mg twice a day Adult and child >12yrs: 250mg to 500mg (in severe infection) twice a day	5 days (appropriate for most people but can increase to 7 days if severe).
Erythromycin ^{2,3}	Child 1mth-1yr: 125mg four times a day (on advice, dose can be doubled in severe infection). Child 2-8 yrs: 250mg four times a day (on advice, dose can be doubled in severe infection). Adult and Child >8yrs: 250mg-500mg four times a day	5 days (appropriate for most people but can increase to 7 days if severe).
Macrolide not suitable: Doxycycline ⁴	Adult and child ≥12yrs: 200mg first day then 100mg once daily.	5 days (appropriate for most people but can increase to 7 days if severe).

¹See [BNF](#) and [BNFC](#) for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.

²Erythromycin is preferred in women who are pregnant.

³Withhold statins whilst on clarithromycin/erythromycin course.

⁴Doxycycline is not suitable for pregnant women

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Version	Author(s)	Date	
V1.1	Karen Robinson, Interface Pharmacy Technician	19.07.21	Updated the children's doses, in line with British National Formulary for children, Sept 20-21
V2.1	Nichola Butcher – Specialist MO interface pharmacist	19.01.23	Added definition, self-care advice, patient leaflet and link to PVL guidance. Doses checked with CKS and BNF. Clindamycin removed as not in CKS.
V2.2	Nichola Butcher – Specialist MO interface pharmacist	22.05.23	Statement about MRSA risk with empirical treatment added, plus link to local MRSA guideline. Agreed at APC meeting 18.05.23