

Leg Ulcers and Pressure Sores		
V2.1	Last reviewed: 18/05/2023	Review date: May 2026

SKIN AND SOFT TISSUE INFECTIONS

Leg Ulcers and Pressure Sores

A leg ulcer is a break in the skin below the knee which has not healed within 2 weeks.

A pressure sore / ulcer is localised damage to the skin and/or underlying tissue, because of pressure or pressure in combination with shear.

Bacteria will always be present. Do not routinely swab ulcers/ pressure sores .

Swabs for culture are only indicated if there are *new clinical signs of infection* i.e., spreading cellulitis, purulent exudate, systemic illness, pyrexia, malodour or increasing pain.

In the absence of any new clinical signs of infection, as described above, **antibiotics do not improve healing.**

[Management of lower limb inflammation \(Nottingham CityCare IPC and Tissue Viability Teams\)](#)

Organisms that may be present:

- Group A Streptococcus (Streptococcus pyogenes)
- Staphylococcus aureus
- Group B, C + G Streptococcus
- Anaerobes
- Coliforms – common colonisers
- Pseudomonas aeruginosa – common coloniser

Choice of antibiotics when needed for a clinical infection should, where possible, be directed by the sensitivities of the organism.

Topical antiseptics such as silver sulphadiazine or povidone iodine for Pseudomonas aeruginosa or topical metronidazole for anaerobes may be necessary to control exudate and odour. Refer to the [Wound Care Formulary](#) for advice on using topical wound cleansers and antimicrobial products in chronically colonised wounds.

Refer to Tissue Viability team if there are difficulties in managing a wound with persistent infection/colonisation or if antimicrobial products are not being effective after 2 weeks of use.

Antibiotic ¹	Dosage	Duration
First line choice:		
Flucloxacillin	Adult: 500mg-1g four times a day	7 days
In penicillin allergy:		
Clarithromycin ³ OR Erythromycin ^{2,3} (Preferred in pregnancy)	Adult: 500mg twice a day Adult: 500mg four times a day	7 days 7 days
If macrolide not suitable:		
Doxycycline ⁴	Adult: 200mg first day then 100mg once daily.	7 days
¹ See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding. ² Erythromycin is preferred in women who are pregnant. ³ Withhold statins whilst on clarithromycin/erythromycin course. ⁴ Doxycycline is not suitable for pregnant women		

Version Control – Leg Ulcers and Pressure Sores			
Version	Author(s)	Date	Changes
V2.1	Nichola Butcher, MO Interface Pharmacist	18/05/23	Standard template and treatment table added. Definition added. Added CityCare lower limb inflammation guide