

## Skin and Soft Tissue Infections

### Human and Animal Bites

[\(CKS Bites – Human and Animal\)](#)

#### Management of non-infected wounds

Type of bite	Bite has not broken the skin	Bite has broken the skin but not drawn blood	Bite has broken the skin and drawn blood
Human bite	Do not offer antibiotics	Consider antibiotics if it is in a high-risk area or person at high risk.	Offer antibiotics
Cat bite	Do not offer antibiotics	Consider antibiotics if the wound could be deep.	Offer antibiotics
Dog or other traditional pet bite	Do not offer antibiotics	Do not offer antibiotics	Offer antibiotics if it has caused considerable, deep tissue damage or is visibly contaminated. Consider antibiotics if bite is in a high-risk area or person at high risk.

#### Human bite

##### Organisms

- Group A and viridans streptococci
- *S. aureus*
- *Haemophilus sp.*
- Anaerobes

**Antibiotic prophylaxis should be given** in a bite that has broken the skin and drawn blood.

**Antibiotic prophylaxis should be considered** for a bite that has broken the skin but **not** drawn blood if:

- It involves hands, feet, face, genitals, skin overlaying cartilaginous structures or an area of poor circulation, **or**
- Is in a person at risk of serious wound infection because of a comorbidity:
  - Diabetes
  - Immunosuppression
  - Asplenia
  - Decompensated liver disease.

For human bites assessment of HIV, hepatitis B and C risk is advised.

#### Animal bite

##### Organisms

- *Pasteurella multocida*
- Anaerobes

**Wound toilet is important**, and assessment of tetanus and rabies (if bitten abroad) risk should be made.

**Antibiotic prophylaxis should be given:**

- In a **cat bite** that has broken the skin and drawn blood.
- In a **dog bite** (or other traditional pet, excluding cat bites) that has broken the skin **and** drawn blood if it:
  - Has penetrated bone, joint, tendon or vascular structures, **or**
  - Is deep, is a puncture or crush wound, or has caused significant tissue damage, **or**
  - Is visibly contaminated (for example there is dirt or a tooth in the wound).

**Antibiotic prophylaxis should be considered:**

- In a **cat bite** that has broken the skin but not drawn blood if the wound could be deep.
- In a **dog bite** (or other traditional pet, excluding cat bites) that has broken the skin **and** drawn blood if it:
  - Involves hands, feet, face, genitals, skin overlaying cartilaginous structures or an area of poor circulation, **or**
  - Is in a person at risk of serious wound infection because of a comorbidity:
    - Diabetes
    - Immunosuppression
    - Asplenia
    - Decompensated liver disease.

**Refer to hospital if there are signs of a serious illness (severe cellulitis, abscess, osteomyelitis, septic arthritis, necrotising fasciitis, or sepsis), or a penetrating wound involving bones, joints, tendons or vascular structures.**

- Consider referral or seeking specialist advice:
  - If the person:
    - Is systemically unwell.
    - Has an infection after prophylactic antibiotic.
    - Cannot take, or has an infection that is not responding to, oral antibiotics.
  - From microbiologist for **domestic\* animal bites** (including farm animal bites) you are unfamiliar with.
- Seek specialist advice from a microbiologist for bites from a **wild or exotic animal** (including birds and non-traditional pets).

\*Domesticated animals are animals that have been selectively bred over generations to live alongside humans.

See NHS patient information: [Animal and human bites](#).

### Choice of antibiotic for prophylaxis and treatment:

#### Children and young people 12 to 17 years and adults aged 18 years and over.

Antibiotic <sup>1</sup>	Dosage	Duration
First line choice (treatment and prophylaxis):		
Co-amoxiclav	≥ 12 years: 500/125mg three times a day	<b>Prophylaxis:</b> 3 days <b>Treatment:</b> 5 days
<b>In penicillin allergy or if co-amoxiclav unsuitable:</b>		
Doxycycline <sup>2</sup> <b>PLUS</b> Metronidazole	≥ 12 years: 200mg on the first day then 100mg or 200mg daily  ≥ 12 years: 400mg three times a day	<b>Prophylaxis:</b> 3 days <b>Treatment:</b> 5 days
Alternatives in pregnancy for penicillin allergy or if co-amoxiclav is unsuitable – <b>seek specialist advice</b>		
If unable to take oral antibiotics or severely unwell, refer to hospital.		
<sup>1</sup> See <a href="#">BNF</a> and <a href="#">BNFC</a> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.		
<sup>2</sup> Doxycycline is not suitable for pregnant women or children <12 years.		

#### Children under 12 years.

Antibiotic <sup>1</sup>	Dosage	Duration
First line choice (treatment and prophylaxis):		
Co-amoxiclav	<1 month: seek specialist advice. <b>1 month to 11 months:</b> 0.25ml/kg of 125/31 suspension three times a day <b>1 to 5 years:</b> 0.25ml/kg or 5ml of 125/31 suspension three times a day <b>6 to 11 years:</b> 0.15ml/kg or 5ml of 250/62 suspension three times a day	<b>Prophylaxis:</b> 3 days <b>Treatment:</b> 5 days
<b>In penicillin allergy or if co-amoxiclav unsuitable:</b>		
<b>Co-trimoxazole</b> (off-label* use as per <a href="#">NICE</a> ; see the <a href="#">BNFC</a> for information on monitoring)	<b>6 weeks to 5 months:</b> 120mg or 24mg/kg twice a day <b>6 months to 5 years:</b> 240mg or 24mg/kg twice a day <b>6 years to 11 years:</b> 480mg or 24mg/kg twice a day	<b>Prophylaxis:</b> 3 days <b>Treatment:</b> 5 days
*For off-label use, follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the <a href="#">General Medical Council's good practice in prescribing and managing medicines and devices</a> for information.		
If unable to take oral antibiotics or severely unwell, refer to hospital.		
<sup>1</sup> See <a href="#">BNF</a> and <a href="#">BNFC</a> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.		