

## Management

### Primary Care management includes

- Oral flucloxacillin for 7 days is the first choice oral antibiotic.
- Erythromycin is an alternative oral antibiotic if the patient is hypersensitive to penicillins.
- For a small, localized patch of impetigo, topical fusidic acid is an alternative to an oral antibiotic.
- Offer advice on how to reduce transmission, e.g. hand washing, not sharing towels.
- Recommend that children stay away from nursery or school until there is no further crusting or for 2 days after oral therapy commenced and lesions can be reliably covered.
- If there is a significant local outbreak suspected, it is advisable to involve the local Consultant in Communicable Disease Control.

### Specialist management includes

- Summary of specialist management
- Referral is rarely necessary. It may be indicated in severe impetigo or impetigo unresponsive to treatment.

## When to refer

### Refer to CAS

- Bacterial swabs for culture and sensitivity should be obtained before referral is considered.
- Referral is rarely necessary. It may be indicated in severe impetigo or impetigo unresponsive to treatment.

### Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.