

8 February 2019
Dear Doctor / Pharmacist

Wounds exposed to muddy water

Townsville IDP advice Feb 2019			
	Not infected	Mild infection	Significant infection or will need referral
Wash	Yes	Yes	Yes
Antiseptic	Yes	If risk patient or cellulitis swab first (exclude Melioidosis)	Swab first
dressing	Water-proof	Waterproof	Waterproof, review
Basic cover	No Ab.	Flucloxacillin or Augmentin or Cephalexin	+ Ciprofloxacin (Adult 500mg bd, child 12.5mg/kg bd max 500mg PO).
Cipro difficult / costly	No Ab.	Alternative to above Doxycycline (not under 8yo) 200mg stat then 100mg bd	Use Ciprofloxacin (via hospital / IDP if needed)
Pen allergy	No Ab.	Use Cephalexin (Keflex)	+ Cipro
Beta Lactam anaphylaxis	No Ab.	Clindamycin	+ Cipro
Tetanus	Same →	Check has had primary course (3 doses) If not refer for TIG immunoglobulin > 5 yrs since last tet tox: ADT or DTPa	Same

- Antibiotic cover for both gram positive (group A strep and staph aureus) and gram negative organisms (aeromonas, vibrio, pseudomonas etc) is needed
- Cipro is the best cover for Aeromonas (pending culture / sensitivities). Doxycycline is an alternative in mild cellulitis where ciprofloxacin not indicated or available.
- Duration of treatment – if mild, systemically well and not immune compromised. Shorter duration (6-7 days) may be adequate. If proven gram negative infection on swab and/or significant cellulitis will need longer (2 weeks +). Please discuss with infectious diseases team at TTH.
- See also “Water-related wound infections” under Therapeutic Guidelines at <https://tgldcdp.tg.org.au>

Yours faithfully,



Dr Steven Donohue
Director / Public Health Physician
Townsville Public Health Unit
Phone 4433 6900; Mobile 0409472036