Necrotising Fasciitis: Treatment Overview

<table>
<tr><th rowspan="2">Read L ➔ R</th><th colspan="4">Appropriate regimen = 1 + 2 + 3 + 4</th></tr>
<tr><th>Pillar 1:
Gram positive cover</th><th>Pillar 2:
Gram negative cover</th><th>Pillar 3:
Anaerobic cover</th><th>Pillar 4:
Anti-toxin properties</th></tr>
<tr><td><u>FIRST LINE</u>

No colonisation with MRSA or ESBL and not allergic to penicillins</td><td>Benzylpenicillin IV 2.4g 6 hourly
<u>AND</u>
Flucloxacillin IV 2g 6 hourly</td><td rowspan="2">Gentamicin IV* as per gentamicin dosage guidelines</td><td rowspan="2">Metronidazole IV 500mg 8 hourly</td><td rowspan="4">Clindamycin IV 1.2g 6 hourly</td></tr>
<tr><td><u>SECOND LINE</u>

Penicillin allergy
OR
known colonisation with MRSA only</td><td rowspan="2">Vancomycin IV as per vancomycin dosage guidelines</td></tr>
<tr><td><u>THIRD LINE</u>

Known colonisation with ESBL and MRSA</td><td colspan="2">Meropenem IV 1g 8 hourly</td></tr>
<tr><td><u>THIRD LINE</u>

Known colonisation with ESBL only</td><td colspan="3">Meropenem IV 1g 8 hourly</td></tr>
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*Patients with acute or chronic impairment of renal function and an eGFR <20 ml/min and those with decompensated alcoholic liver disease are at increased risk of adverse events with gentamicin. IV temocillin (see here for dosing guidance) is a beta-lactam antimicrobial with a comparable breadth of gram negative cover which can replace gentamicin in these patient populations, **provided they do not have a history of penicillin allergy.**

Gentamicin must not be administered to patients with myasthenia gravis as it can precipitate a myasthenic crisis.