Pharmacy First: Impetigo

NICE NG153 | NHS England Pharmacy First protocol 3a and PGDs 3b-3e (Oct 2025)

REFER: Do Not Treat Under Pharmacy First Impetigo Protocol/PGDs

- ☐ Bullous impetigo (fluid-filled blisters 1-2cm, thin flat crust): GP urgently. Any count, bullous = do not treat.
- ☐ Under 1 year; pregnancy under 16; breastfeeding with lesions on breast; known MRSA (oral PGDs): excluded.
- ☐ Immunosuppressed + localised: same-day GP; do not supply topical. Immunosuppressed + widespread or severely immunocompromised: A&E urgently.
- ☐ Complications (pus, severe swelling/pain, spreading redness, suspected cellulitis or scalded skin syndrome): A&E urgently.
- ☐ Active uncontrolled eczema, contact dermatitis, scabies, chickenpox, eczema herpeticum; or recurrent impetigo (2+ episodes/year): GP.

Sepsis: 999. Systemically unwell: GP or A&E.

Treatment Decision: Count the Lesions First

Lesion count	Treatment	Notes
3 or fewer (localised)	Hydrogen peroxide 1% cream (protocol 3a): up to 3x daily x5 days	Fusidic acid (PGD 3b) 2nd line only if H2O2 failed or unsuitable.
4 or more (widespread)	Flucloxacillin oral (PGD 3c): 4x daily x5 days, empty stomach	Penicillin/beta-lactam allergy: clarithromycin (PGD 3d). See macrolide check.
Any count, bullous type	Do NOT treat. Refer to GP urgently.	Blisters not thick crusts = bullous impetigo.

CHECK: Before Supplying Topical or Oral Treatment

- ☐ FUSIDIC ACID (PGD 3b): previous use for any indication EXCLUDED (resistance); smokes or near naked flames EXCLUDED (fire hazard, fabric stays hazardous after washing). Second line only.
- ☐ FLUCLOXACILLIN (PGD 3c): methotrexate, probenecid, or voriconazole EXCLUDED. Recent or current paracetamol use with HAGMA risk (malnutrition, sepsis, renal impairment) EXCLUDED - refer to prescriber. Liver disease or previous flucloxacillin jaundice EXCLUDED. CKD stage 5: refer. Warfarin: INR monitoring. Oral typhoid vaccine: check timing.

Flucloxacillin: 1 hour before or 2 hours after food. Four times daily, not twice daily.

CHECK: Before Supplying Clarithromycin (PGD 3d) or Erythromycin (PGD 3e)

- ☐ QT prolongation/arrhythmia, hypokalaemia/hypomagnesaemia, myasthenia gravis, severe liver disease, long-term macrolide, ketogenic diet, oral typhoid vaccine: EXCLUDED.
- ☐ Simvastatin/lovastatin: EXCLUDED. Lercanidipine: EXCLUDED. CKD stage 4-5 (clarithromycin) or stage 5 (erythromycin): EXCLUDED.
- ☐ Ivabradine, quetiapine, digoxin, warfarin/DOACs, colchicine, lomitapide: refer to prescriber or monitor as per local protocol.
- ☐ Erythromycin (PGD 3e): pregnant aged 16+ with confirmed penicillin/beta-lactam hypersensitivity only. Also check porphyria, heart disease, and hepatotoxic medicines.

No clarithromycin in pregnancy. Children aged 1-11: clarithromycin by weight (BNFc). Aged 12+: 250mg twice daily.

Flucloxacillin Doses (4x daily, empty stomach, 5 days)

Age group	Flucloxacillin dose	Penicillin allergy: clarithromycin
1 to under 2 years	125mg	By weight (BNFc)
2 to 9 years	250mg	By weight (BNFc)
10 to 11 years	500mg	By weight (BNFc)
12 years and over / adults	500mg	250mg twice daily x5 days

Pregnant aged 16+ with penicillin/beta-lactam hypersensitivity: erythromycin 500mg four times daily x5 days (PGD 3e). Do not use clarithromycin in pregnancy.

Contagion: No longer contagious 48 hours after starting treatment (or when lesions dry and crusted if untreated). Exclude from school/work until then. Food handlers: notify employer immediately by law. Wash hands before/after cream. Wash linens at high temperature. Suspected local outbreak: notify health protection team.