

# Breast Abscess Pathway

**Affix patient label or write:**

**NAME:**

**Hospital Number:**

**DATE OF BIRTH:**

**Mobile**.....

**Pt. Landline**.....

Date patient seen: .../.../.....

Time Patient Seen: .... : .....

**Breast symptoms: (mark location on diagram)**

Duration of symptoms: .....Days

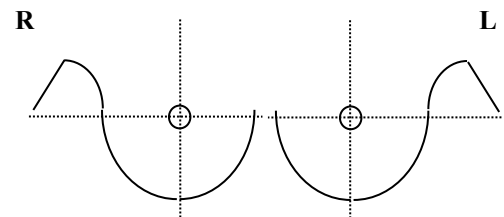
Already on antibiotics? NO  YES

Antibiotic name: .....

Duration already taken: .....

If Competent and out of hours – Clinical Aspiration using local anaesthetic and Send sample for MC&S

Clinical aspiration performed: NO  YES  Sample sent for MC&S: NO  YES



**Any evidence of?**  
 Systemic Sepsis   
 Immunocompromise   
 Uncontrolled Diabetes

YES

NO

**ADMIT**  
 Ward name:.....  
 IV antibiotics   
 General surgical SpR r/v   
 If overlying skin necrosis – consider I&D   
 Inform breast team

**DISCHARGE**  
 Agree plan with general surgical SpR on call   
 Oral antibiotics   
 Fax pathway to breast office: 406632   
 Inform patient to expect a call to arrange urgent

**Lactational**   
 Advise to continue expressing milk

**Non-lactational**

**Lactational**   
 Advise to continue expressing milk

**Non-lactational**

**IV Antibiotics:**  
 Not penicillin allergic:  
 Flucloxacillin 2g qds   
 If penicillin allergic:  
 Clindamycin 600mg qds

**IV Antibiotics**  
 Not penicillin allergic:  
 Co-Amoxiclav 1.2g tds   
 If penicillin allergic:  
 Clindamycin 600mg qds

**Oral Antibiotics**  
 Not penicillin allergic:  
 Flucloxacillin 500mg qds   
 If penicillin allergic:  
 Clindamycin 300mg qds

**Oral Antibiotics**  
 Not penicillin allergic:  
 Co-Amoxiclav 625mg tds   
 If penicillin allergic:  
 Clindamycin 300mg qds

Doctor Name (please print):

Bleep Number:

Doctor Signature:

**FAX to 01483 406632**