

CANINE SUPERFICIAL PYODERMA IN-HOSPITAL ACTION PLAN

STEPS:

1. Perform:

- **Skin scrapings** and **cytology** to support diagnosis and rule out demodicosis and yeast dermatitis. Cocci are anticipated and may be phagocytosed within neutrophils.
- **Bacterial culture** and **susceptibility** testing in patients with a history of multiple antibiotic courses or with nonresponsive or recurrent infections.
- **Dermatophyte culture** with nonresponsive infections or if multiple animals in the same household are affected.

2. A) If lesions are extensive, administer 14-day course of this systemic antibiotic: _____.

B) If awaiting culture results, use topical therapy until culture results are available. Dog should be bathed two to three times weekly with this antiseptic shampoo: _____.
Antibacterial mousses, sprays, creams or wipes can be used one to three times daily at home between baths.

C) If lesions are very localized, consider starting this daily topical therapy: _____.

Schedule telephone follow-up at one week, and:

If patient is responding as anticipated:

Perform clinical reevaluation at two weeks.

If patient is not responding as anticipated and compliance has been assured:

Submit appropriate sample for bacterial culture and susceptibility.

If compliance with an oral antibiotic is in question:

Switch to an appropriate long-acting injectable antibiotic.

3. DECISION TREE AFTER TWO WEEKS OF THERAPY:

If doing well and all active pyoderma lesions are clearly resolving or have resolved, and cocci are no longer evident on cytology:

Discontinue systemic antibiotics and reduce medicated baths/topicals to once weekly; schedule telephone follow-up for one week, and clinical evaluation in two weeks.

If improving but some active pyoderma lesions (e.g., pustules, papules, epidermal collarettes, crusts) remain and cocci are still seen on cytology:

Continue systemic antibiotics and twice-weekly bathing and topicals for another two-week course; schedule clinical telephone follow-up in one week, and clinical reevaluation in two weeks.

If skin lesions not improved:

Repeat skin cytology.

If compliance is assured and cocci are seen on cytology:

Perform bacterial culture and susceptibility testing to rule out resistance. Treat based on culture results, and start daily 3–4% chlorhexidine-based shampoos, nisin wipes; consider adding sodium hypochlorite (diluted bleach) baths or sprays while awaiting culture results.

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4. DECISION TREE AFTER FOUR WEEKS OF THERAPY:

If doing well on initial antibiotic and all pyoderma lesions have now resolved, and cocci are no longer evident on cytology:

Discontinue systemic antibiotics and reduce medicated baths/topicals to once weekly; schedule telephone follow-up for one week, and clinical evaluation in two weeks.

If antibiotic was switched based on culture and sensitivity, and lesions are resolving but have not completely resolved:

Continue systemic antibiotics and twice-weekly bathing and topicals for another two-week course; schedule clinical telephone follow-up in one week, and clinical reevaluation in two weeks.

If skin problems still persist:

Continue with topical therapy; start exploring in earnest for underlying problems, or consider referral.

5. DECISION TREE OVER NEXT TWO TO SIX MONTHS:

If pet is doing well:

Have pet owner continue to monitor for recurrence of pyoderma; consider long-term preventive weekly topicals.

If pet did well on antibiotics but pyoderma recurs within days of discontinuation:

Administer antibiotics for a longer duration, and increase frequency of topicals.

If pet did well on antibiotics but pyoderma recurs within weeks to months after discontinuation:

Perform diagnostic workup for underlying cause (atopic dermatitis flea allergy, food allergy, endocrinopathy most common).

If pyoderma still not responding or recurs frequently, a multi-drug resistant bacterium is cultured, or uncontrolled allergy or other underlying disease is complicating management:

Refer to a specialist.