RESPONSIBLE USE OF MEDICINES ALLIANCE
RUMA
COMPANION ANIMAL & EQUINE

Approach to reducing the use of antibiotics in the treatment of Cat Fight Wounds (CFW) and Cat Bite Abscessation (CBA)

A resource to support veterinary team discussions about CFW/CBA and explore ways to reduce unnecessary antibiotic use as a practice.

Reminder of the context:

RUMA CA&E's aim is to galvanise and support the veterinary profession to reduce antibiotic (antimicrobial/antibacterial) use in Cat fight wounds (CFW) and for cat bite abscessation (CBA). Current BSAVA/SAMSoc PROTECT ME guidance, alongside expert guidance, opinion, and clinical experience of the RUMA CA&E working group that has focused on this condition, is that antibiotic therapy is rarely required where signs of systemic illness are absent. Lancing and draining a cat bite abscess is the best approach and is likely to be the most effective treatment. This is backed up by clinical audits.

Expert opinion supporting this can be found here:

- RCVS Knowledge cat bite abscess training by Sivert Nerhagen (https://learn.rcvsknowledge.org/course/section.php?id=1069)
- This helpful animation created by The Royal Veterinary College (RVC) and VetCompass helps illustrate the opportunity that exists to reduce the use of antibiotics (antimicrobials) in the treatment of CFW/CBA. VetCompass - Antimicrobial Stewardship Resources
- Clinical audit - White Lodge case study - award-winning clinical audit project on the usage of antibiotics in cat bite abscess cases - Cat bite abscess audit – RCVS Knowledge.

How to get started

Team discussions and meeting/s:

You may need a series of meetings with team members first to agree the best approach. Below are some suggestions for how to get started:

- Identify the process by which clinical decisions are made within your practice to ensure the right people/groups are involved in the initial discussion.
- If you work as part of a corporate group, further engagement with management and clinical steering groups may be appropriate/required.
- Review any current guidelines or policies the practice has on antibiotic use and check for specific reference to the approach to cat fight wounds.

- If good policies/guidelines already exist then the discussion may need to centre around whether these are known by team members and, if so, what are the barriers to following them.

Use clinical data from your Practice Management System (PMS) and the team resources in the RUMA CA&E cat fight wounds/cat bite abscess toolkit to support discussions. You may feel it is better to speak to team members in groups first e.g. clinical team and non -clinical team and then bring everyone together to discuss further.

Share any guidelines/policies/research highlights and use the video in the toolkit explaining that current BSAVA/SAMSoc PROTECT ME guidance, alongside expert guidance, opinion, and clinical experience of the RUMA CA&E working group that has focused on this condition, is that antibiotic therapy is rarely required where signs of systemic illness are absent. Lancing and draining a cat bite abscess is the best approach and is likely to be the most effective treatment. This is backed up by clinical audits.

Questions to discuss

- What is our current approach to the treatment of CFW/CBA?
    - Is it consistent across the practice?
- Does the team understand that antibiotics are not likely to be effective in most cases?
- What could we change to reduce antibiotic use?
- How will we implement and monitor changes?
- What are the current barriers to change and how can we support each other to ensure a whole-team approach across both clinical and non-clinical colleagues?

You may also wish to consider the following:

- How can your team take a stepwise approach?
- How do we know when things are moving in the right direction?
- If problems occur, how can we identify them quickly?
- How might we deal with a case when there is an adverse outcome?

By the end of your discussions the team should:

- Understand the approach your practice wants to take in the treatment of CFW/CBA.
- Feel confident applying evidence-based guidance.
- Agree on a clear, consistent practice approach.
- Identify barriers to change.
- Commit to consistent client communication.

Here is an example of a possible team meeting structure – this might need to be spread over a few meetings.

Step 1 – Bring the whole team together

Explain the aim: a supportive discussion to agree a consistent, patient-centred approach to reducing the use of antibiotics in the treatment of CFW/CBA. This should be a positive discussion and is not about criticism – it is about assessing the opportunity for exploring safe reductions in the use of antibiotics. Emphasize that this is NOT about stopping using antibiotics in all cases but instead, is about focusing on current BSAVA/SAMSoc PROTECT ME guidance, alongside expert guidance, opinion, and clinical experience.

Suggested agenda:

- When a cat is presented with a CFW/CBA what is the current process? Is it consistent?
- What are our current behaviours around antibiotic use/non-use in the treatment of CFW/CBA?
- Concerns or misconceptions.
- Evidence and guidelines (use the toolkit resources to support this discussion).

Step 2 – Watch the short explainer video

This helpful animation created by The Royal Veterinary College (RVC) and VetCompass helps illustrate the opportunity that exists to reduce the use of antibiotics in the treatment of CFW/CBA.

Prompts afterwards:

- What surprised or reassured you?
- What are the clinical implications?

Step 3 – Review the evidence and body of opinion

- RCVS Knowledge cat bite abscess training by Sivert Nerhagen (https://learn.rcvsknowledge.org/course/section.php?id=1069)
- This helpful animation created by The Royal Veterinary College (RVC) and VetCompass helps illustrate the opportunity that exists to reduce the use of antibiotics (antimicrobials) in the treatment of CFW/CBA. VetCompass - Antimicrobial Stewardship Resources
- Clinical audit - White Lodge case study - award-winning clinical audit project on the usage of antibiotics in cat bite abscess cases - Cat bite abscess audit – RCVS Knowledge.

Step 4 – Agree a practice approach

Discuss and define:

- Clear criteria for systemic illness/ Systemic Inflammatory Response Syndrome (SIRS).
- Use the decision flow chart in the toolkit and have a discussion around how to use it.
- When to review or re-check cases.
- When antibiotics *are* appropriate (e.g. systemic illness)

Capture a shared practice position.

Step 5 – Plan client communication

Consistency improves client confidence.

Agree:

- Standard phrases/explanations – refer to some of the client facing resources in the toolkit which you can use or adapt to suit your practice activity.
- When to use “no antibiotic required” forms.
- How to advise on home care and red flags

Step 6 – Choose supportive tools for your team

Select relevant toolkit resources:

- Flow chart.
- Client handouts.
- Posters for consult rooms.

Tips for success

- Keep conversations open and non-judgemental and encourage contributions from all staff.
- Review progress regularly and adjust as needed.
- Celebrate improvements and positive experiences.
- Carry out a practice audit to assess progress.

Summary

Reducing unnecessary use of antibiotics in the treatment of CFW and CBA is achievable and supports animal welfare, client trust, and long-term antimicrobial effectiveness. A short, structured, evidence-based team discussion can align your practice approach and help reduce unnecessary use of antibiotics.