

In cases of necrotizing fasciitis complicated by toxic shock syndrome thought or confirmed to be due to group A streptococcus (*Streptococcus pyogenes*), treatment with IV immune globulin (IVIG) in combination with antibiotics has been shown to reduce mortality compared to treatment with antibiotics alone. This likely results from decreased circulating toxin as a result of IVIG administration.

Antibiotic Regimen

Carbapenem Or Piperacillin-Tazobactam

[Carpet-penny- oars- pipe-taz](#)

The antibiotic regimen for patients with necrotizing fasciitis should include a carbapenem (such as meropenem or ertapenem) or alternatively piperacillin-tazobactam. This allows for coverage of gram positives, gram negatives, and anaerobes.

PLUS Clindamycin

[Plus-sign-cleaning mice](#)

Clindamycin is also typically included in the antibiotic regimen for treatment of necrotizing fasciitis. Clindamycin is especially useful due to its ability to halt toxin production, as its mechanism involves inhibition of bacterial ribosomes needed for protein production.

PLUS MRSA Coverage

[Plus-sign-MR Saw](#)

An antibiotic regimen for treatment of necrotizing fasciitis should also cover for MRSA. Antibiotics such as vancomycin or daptomycin are reasonable choices to this end.