Skin and Soft Tissue Infections

Exclusion criteria
Pt Characteristics: age <3 months, toxic appearance, hemodynamic instability, immunocompromise
Location: face or neck, bone or joint involvement, concern for periorbital/orbital cellulitis
Type: animal bites, unusual organism, concern for necrotizing fasciitis, concern for foreign body
Consultation with Pediatric Infectious Disease is recommended in complicated cases

Concern for abscess?
Yes
- Consider surgical consult if large in size or complex location
- Incision & Drainage
- Concomitant cellulitis?
  - Yes
    - Tx with Antibiotics
      - 1st dose to be given in the Emergency Department
    - Need for inpatient admission?
      - Factors to consider: fevers, rapidly spreading infection, concern for evolution of abscess, inability to tolerate PO, failure of outpt treatment, poor follow up
  - No
    - Discharge Home
      - PCP f/u in 24-48hrs
      - Wick care or warm soaks

No
- Discharge Home
  - Consider Abx to treat MRSA/MSSA
  - PCP f/u in 24-48hrs
  - Wick care or warm soaks

Concern for CA-MRSA*
Yes
-Tx with Antibiotics
  - IV Antibiotics**
    - Vancomycin
    - Cefazolin
  - Concern for MRSA*
    - Contact Precautions
    - Vancomycin
    - No concern for MRSA*
    - Cefazolin
    - Penicillin/Nafillin
- Discharge Home
  - PCP f/u in 24-48hrs
  - Oral antibiotics**
    - TMP-SMX
    - Clindamycin
    - Doxycycline
    - Linezolid

No
- Discharge Home
  - PCP f/u in 24-48hrs
  - Oral antibiotics**
    - TMP-SMX
    - Clindamycin
    - Doxycycline
    - Linezolid

Dosing of Commonly Used Antibiotics
Amoxicillin-clavulanate (PO) 40-80mg/kg/d (of amoxicillin) div TID x 7-10d
Trimethoprim-sulfamethoxazole (PO) 10-12 mg/kg/d (of TMP) div BID x 5-7days
Cephalexin (PO) 100 mg/kg/d div QID x 7-10d
Clindamycin (PO) 30mg/kg/d div TID x7-10d
Cefazolin (IV) 50mg/kg/d div TID
Doxycycline (PO) (age >8 yrs) 4.4mg/kg/d div BID or 100mg BID for children >50kg
Vancomycin (IV) 45-60mg/kg/d div QID

*Concern for MRSA
Risk factors: presence of abscess, personal or family history of MRSA, exposure to healthcare or healthcare workers. Consider surveillance cultures from multiple sites prior to therapy.
**Choosing Antibiotics
Please refer to updated hospital antibiogram for local resistance patterns when choosing appropriate antibiotics. For undifferentiated cellulitis, note TMP-SMX does not have anti-GAS activity - dual therapy (e.g., cephalexin + TMP-SMX) may be needed. For full reference, refer to the 2014 IDSA SSTI guidelines. Please see MGHfC CARMA for outpatient SSTI Pathway.

*No concern for MRSA*