# Uncomplicated Skin and Soft Tissue Infections

**Complicating Risk Factors**
- Infected diabetic or vascular ulcer
- Critical illness
- Concern for necrotizing fasciitis
- Deep tissue infection
- Surgical site infection
- Injection drug use

**Diagnostic Studies**
- Blood cultures if systemically ill, diabetic or other immunosuppression
- Plain film only if concern for foreign body or necrotizing fasciitis
- Culture of purulent drainage/abscess
- **NOT** routinely indicated for *initial management* of uncomplicated disease:
  - ESR, CRP, Procalcitonin
  - Blood cultures
  - Wound swab/Superficial wound cultures, fungal or AFB cultures
  - Plain films, CT or MRI

**Treatment Options**

<table>
<thead>
<tr>
<th>Uncomplicated Skin and Soft Tissue Infections</th>
<th>ADULT Antibiotic Therapy</th>
<th>PEDIATRIC Antibiotic Therapy</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-purulent cellulitis</strong>&lt;br&gt;Common Pathogens: <em>Beta-hemolytic Streptococci</em> sp.</td>
<td>• Amoxicillin 500mg PO TID&lt;br&gt;Penicillin Allergy (pick one):&lt;br&gt;• Cephalexin 1000mg PO TID&lt;br&gt;• Clindamycin 300mg PO TID</td>
<td>• Amoxicillin 22.5mg/kg PO BID (max 4gm/day)&lt;br&gt;Penicillin Allergy (pick one):&lt;br&gt;• Cephalexin 16.7mg/kg PO TID (max 4gm/day)&lt;br&gt;• Clindamycin 10mg/kg PO TID (max 450mg/dose)</td>
<td>Adults: 5 days&lt;br&gt;Pediatrics: 7-14 days</td>
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<td><strong>Cutaneous abscess or Purulent cellulitis→I&amp;D (send purulent drainage for culture)</strong>&lt;br&gt;Common Pathogens: <em>Staphylococcus aureus</em>&lt;br&gt;</td>
<td>• TMP/SMX 800mg/160mg PO BID&lt;br&gt;Alternatives due to allergy or intolerance (pick one):&lt;br&gt;• Clindamycin 300mg PO TID&lt;br&gt;• Doxycycline 100mg PO BID</td>
<td>• TMP/SMX age &gt;2 months: 5mg/kg TMP PO BID (max 160mg TMP/dose)&lt;br&gt;• Clindamycin 10mg/kg PO TID (max 450mg/dose)</td>
<td>Adults: 5 days&lt;br&gt;Pediatrics: 7-14 days</td>
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## Complicated Skin and Soft Tissue Infections → Consultation with infectious diseases physician or surgery should be considered

**Human bite/Animal bite**
- Common Pathogens: *Pasteurella sp* (cats, dogs), *Capnocytophaga spp*. (dogs), *Eikenella corrodens* (human), *Streptococcus spp.*, Anaerobes<br>
  - Amoxicillin/Clav 875/125mg PO BID<br>  
  **Beta-Lactam Allergy:**<br>  - Levofoxacin 750mg PO daily **PLUS**<br>  - Clindamycin 300mg PO TID<br>  - Amoxicillin/Clav 22.5mg/kg PO BID (max 875mg/dose)<br>  **Beta-Lactam Allergy:**<br>  - Clindamycin 10mg/kg PO TID (max 450mg/dose) **PLUS**<br>  - TMP/SMX 5mg/kg TMP PO BID (max 160mg TMP/dose)<br>  - Prophylaxis with open wound: 3 to 5 days<br>  - Infected: Typically 7-10 days, tailer duration by response

**Fish hook/marine injury³**
- Acute Presentation: *Streptococci sp.*, *Staphylococcus sp.*, *Vibrio vulnificus<br>  - Amoxicillin/Clav 875mg PO BID **PLUS**<br>  - Doxycycline 100mg PO BID<br>  **Beta-Lactam Allergy:**<br>  - Clindamycin 300mg PO TID **PLUS**<br>  - Doxycycline 100mg PO BID<br>  - Amoxicillin/Clav 22.5mg/kg PO BID (max 875mg/dose) **PLUS**<br>  - Doxycycline 2mg/kg PO BID (max 100mg/dose)³<br>  - Prophylaxis is not routinely recommended<br>  - Infected: Typically 7-10 days, tailer duration by response

**IVDU Abscess**
- Do not use this guideline if tendon involvement, deep hand, or face<br>  - TMP/SMX 800mg/160mg PO BID<br>  **Sulfa Allergy:**<br>  - Clindamycin 300mg PO TID<br>  - TMP/SMX 5mg/kg TMP PO BID (max 160mg TMP/dose)<br>  **Sulfa Allergy:**<br>  - Clindamycin 10mg/kg PO q8hr (max 450mg/dose)<br>  - Typically 7-10 days, tailer duration by response

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³ Children <8 years old, consider discussing with pediatric Infectious Diseases physician

Antibiotics with broad-spectrum gram-negative activity are **NOT recommended**, and in most cases **should be avoided**. Antimicrobial Stewardship Program Approved 2013; Updated June 19, 2019

**REFERENCES:**