

ANMC Guideline for Uncomplicated Skin and Soft Tissue Infection

This guideline **should not be used** for the following:

- Infected diabetic ulcer or vascular ulcer
- Clinical concern for necrotizing fasciitis
- Deep tissue infection
- Surgical site infection
- Human or animal bite
- Periorbital or orbital cellulitis
- Perineal/vulvar/perianal infection
- Pregnancy
- Critical illness
- Bacteremia
- IVDU

Complicating risk factors warrant alternative treatment strategies; consider Infectious Diseases consultation

Key Points:

- Beta-hemolytic streptococci are the most common cause of non-purulent cellulitis
- MRSA is the most common cause of abscess and purulent skin infections
- Gram-negative or anaerobic coverage is unnecessary
- Elevate affected area

The following are NOT routinely indicated for initial management:

- ESR
- blood cultures
- wound swab, fungal, or AFB cultures
- plain films
- CT or MRI

Outpatient	Suspected Pathogen(s)	Recommended Treatment	Other Comments
Cellulitis <u>without</u> purulent focus	Beta hemolytic <i>Streptococci</i> (Most commonly Grp A, also Grp B, Grp C, Grp G strep)	1) Antibiotic: Amoxicillin 500mg PO TID Alternative 1 st line or PCN allergy: Cephalexin 500mg - 1gm PO TID <i>Cephalosporin or Type-1 PCN allergy:</i> Clindamycin 450 mg PO TID 2) Ibuprofen 600mg PO TID if no contraindications to NSAID therapy 3) Elevate affected area	Abx Treatment Duration: 5-7 days
Cellulitis <u>with</u> purulent focus	Beta-hemolytic <i>Streptococci</i> Methicilin Susceptible <i>Staphylococcus aureus</i> (MSSA) Methicilin Resistant <i>Staphylococcus aureus</i> (MRSA)	1) I&D 2) Send purulent drainage for GS & Culture 3) If indicated, Antibiotic: TMP/SMX DS 1 tab PO BID <i>*Sulfa allergy:</i> 2ndLine Clindamycin 450mg PO TID 3rdLine Doxycycline 100mg PO BID 4) Ibuprofen 600mg PO TID if no contraindications to NSAID therapy 5) Elevate affected area	Drainage is the most important intervention. Antibiotics may not be necessary for drained abscesses without surrounding induration or erythema Abx Treatment Duration: 5-7 days <i>Note: Recurrent MRSA infections need not be cultured at every presentation</i>