

# ANMC Adult Inpatient Skin and Soft Tissue Infection

Complicating Risk Factors	Diagnostic Studies
<ul style="list-style-type: none"> <li>• Infected diabetic or vascular ulcer</li> <li>• Critical illness</li> <li>• Concern for necrotizing fasciitis</li> <li>• Deep tissue infection</li> <li>• Surgical site infection</li> <li>• Injection drug use</li> </ul> <p style="text-align: center; font-size: small;">If complicating risk factors are present, treatment varies. Consider ID consultation.</p>	<ul style="list-style-type: none"> <li>• Blood cultures if systemically ill, diabetic or other immunosuppression</li> <li>• Plain film only if concern for foreign body or necrotizing fasciitis</li> <li>• Wound culture of purulent drainage</li> <li>• <b>NOT</b> routinely indicated for initial management of uncomplicated disease:                             <ul style="list-style-type: none"> <li>○ ESR, Procalcitonin</li> <li>○ Blood cultures</li> <li>○ Wound swab/Superficial cultures, fungal or AFB cultures</li> <li>○ Plain films, CT or MRI</li> </ul> </li> </ul>

## Treatment Options

	Empiric Antibiotic Therapy	Oral Antibiotic Step-down Therapy	Duration
<b>Uncomplicated Skin and Soft Tissue Infections</b>			
<p style="text-align: center;"><b>Non-purulent cellulitis</b></p> <p style="font-size: small;">Common Pathogens: <i>Beta-hemolytic Streptococci sp.</i></p>	<ul style="list-style-type: none"> <li>• Cefazolin 2 gm IV q8hr</li> <li>• Ibuprofen 600 mg PO TID*</li> </ul> <p style="font-size: small;"><u>Severe Beta-Lactam Allergy:</u></p> <ul style="list-style-type: none"> <li>• Clindamycin 600 mg IV q8hr<sup>^</sup></li> <li>• Ibuprofen 600 mg PO TID*</li> </ul>	<ul style="list-style-type: none"> <li>• Cephalexin 1000 mg PO TID</li> </ul> <p style="font-size: small;"><u>Severe Beta-Lactam Allergy:</u></p> <ul style="list-style-type: none"> <li>• Clindamycin 300 mg PO TID</li> </ul>	<p>5 days</p> <ul style="list-style-type: none"> <li>• 5 days is sufficient for well-drained abscess without surrounding cellulitis</li> <li>• Duration of therapy may be extended for severe or poorly responsive disease</li> </ul>
<p style="text-align: center;"><b>Cutaneous abscess or Purulent cellulitis</b></p> <p style="font-size: small;">Common Pathogens: <i>Staphylococcus aureus</i></p>	<ul style="list-style-type: none"> <li>• I&amp;D (send purulent drainage for culture)</li> <li>• Vancomycin 1 gm IV q12hr (pharmacy to dose)</li> </ul>	<p style="font-size: small;">Based on susceptibilities (pick one):</p> <ul style="list-style-type: none"> <li>• Clindamycin 300 mg PO TID</li> <li>• Doxycycline 100 mg PO BID</li> <li>• Linezolid 600mg PO BID</li> <li>• TMP/SMX DS 1 tab PO BID</li> </ul>	
<b>Complicated Skin and Soft Tissue Infections</b>			
<p style="text-align: center;"><b>Human bite/Animal bite</b></p> <p style="font-size: small;">Common Pathogens: <i>Pasteurella sp</i> (cats, dogs), <i>Capnocytophaga spp.</i> (dogs), <i>Eikenella corrodens</i> (human), <i>Strep spp</i>, Anaerobes</p>	<ul style="list-style-type: none"> <li>• Ampicillin/Sulbactam 3gm IV q6hr</li> </ul> <p style="font-size: small;"><u>Severe Beta-Lactam Allergy:</u></p> <ul style="list-style-type: none"> <li>• Levofloxacin 750 mg IV/PO q24hr <b>PLUS</b></li> <li>• Clindamycin 600 mg IV q8hr</li> </ul>	<ul style="list-style-type: none"> <li>• Amoxicillin/Clav 875/125 mg PO BID</li> </ul> <p style="font-size: small;"><u>Severe Beta-Lactam Allergy:</u></p> <ul style="list-style-type: none"> <li>• Levofloxacin 750 mg PO q24hr <b>PLUS</b></li> <li>• Clindamycin 300 mg PO TID</li> </ul>	<p style="font-size: small;">Prophylaxis with open wound: 3 to 5 days</p> <p style="font-size: small; text-align: center;">Infected: 7 to 14 days</p>
<p style="text-align: center;"><b>Necrotizing Fasciitis (including Fournier's Gangrene)<sup>#</sup></b></p> <p style="font-size: small;">Common Pathogens: GAS, <i>Clostridium perfringens</i>, MRSA, <i>Vibrio vulnificus</i>, <i>Klebsiella spp.</i></p>	<ul style="list-style-type: none"> <li>• Prompt surgical consultation</li> <li>• Consider ID consultation</li> <li>• Vancomycin IV 20 mg/kg x1 (Pharmacy to dose) <b>PLUS</b></li> <li>• Cefepime 2 gm IV q8hr (extended infusion) <b>PLUS</b></li> <li>• Clindamycin 900 mg IV q8hr</li> </ul>	<p style="font-size: small;">To be determined by ID Physician based on organism identification</p>	<p style="font-size: small;">7+ days depending on clinical resolution</p>
<p style="text-align: center;"><b>Surgical Site Infection</b></p> <p style="font-size: small;">Common Pathogens: Dependent on site of infection</p>	<ul style="list-style-type: none"> <li>• I&amp;D (send tissue/drainage for culture and gram stain)</li> </ul> <p style="font-size: small;">Antimicrobial therapy to be determined by gram stain from I&amp;D and location of surgical site infection</p>		

\* If no contraindication to NSAID therapy

<sup>^</sup> In diabetic non-purulent cellulitis, consider replacing Clindamycin with Vancomycin therapy for empiric *Staphylococcus aureus* coverage.

<sup>#</sup> LRINEC scoring can be used to assist in diagnosis of necrotizing fasciitis

Antibiotics with broad-spectrum gram-negative activity are NOT recommended except necrotizing fasciitis, and in most cases should be avoided.

Antimicrobial Stewardship Program Approved July 2018, Updated April 2024