ANMC Ambulatory Skin and Soft Tissue Infection

Complicating Risk Factors

- Infected diabetic or vascular ulcer
- Deep tissue infection
- Surgical site infection
- Injection drug use
- Human or animal bite
- Periorbital or orbital cellulitis
- Perineal/vulvar/perianal infection
- Pregnancy
- Chronic liver disease/cirrhosis

Consider ID consultation if complicating risk factors present, treatment may vary

Diagnostic Studies

- Blood cultures if systemically ill
- 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

	ADULT Antibiotic Therapy	PEDIATRIC Antibiotic Therapy	Duration
Uncomplicated Skin and Soft Tissue Infections			
Non-purulent cellulitis Common Pathogens: *Beta-hemolytic Streptococci sp.*	• **Amoxicillin 1000mg** PO TID **OR** • **Cephalexin 1000mg** PO TID Beta-Lactam Allergy (pick one): • **Clindamycin 300mg** PO TID • **Linezolid 600mg** PO BID	• **Amoxicillin 22.5mg/kg/dose** PO BID (max 2gm/day) **OR** • **Cephalexin 17mg/kg/dose** PO TID (max 4gm/day) Beta-Lactam Allergy (pick one): • **Clindamycin 10mg/kg/dose** PO TID (max 300mg/dose) • **Linezolid (<12 yo) 10mg/kg/dose** PO TID (max 600mg/dose) • **Linezolid (≥12 yo) 10mg/kg/dose** PO BID (max 600mg/dose)	**Adults: 5 days** **Pediatrics: 7-14 days** • 5 days is sufficient for well-drained abscess without surrounding cellulitis • Duration of therapy *may be extended* for severe or poorly responsive disease
Cutaneous abscess or Purulent cellulitis→ I&D (send purulent drainage for culture) Common Pathogens: *Staphylococcus aureus*	• **TMP/SMX 800mg/160mg*** PO BID Pick one based on local susceptibilities and allergies: • **Doxycycline 100mg** PO BID • **Clindamycin 300mg** PO TID • **Linezolid 600mg** PO BID	Pick one based on local susceptibilities and allergies: • **TMP/SMX age >2 months: 5mg/kg/dose TMP** PO BID (max 160mg TMP/dose) • **Clindamycin 10mg/kg/dose** PO TID (max 300mg/dose) • **Linezolid (<12 yo) 10mg/kg/dose** PO TID (max 600mg/dose) • **Linezolid (≥12 yo) 10mg/kg/dose** PO BID (max 600mg/dose)	
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	• **Amoxicillin/Clav 875/125mg** PO BID Beta-Lactam Allergy: • **Levofloxacin 750mg** PO daily **PLUS** **Clindamycin 300mg** PO TID	• **Amoxicillin/Clav 22.5mg/kg/dose** PO BID (max 875mg/dose) Beta-Lactam Allergy: • **Clindamycin 10mg/kg/dose** PO TID (max 300mg/dose) **PLUS** **TMP/SMX 5mg/kg/dose TMP** PO BID (max 160mg TMP/dose)	Prophylaxis with open wound: 3 to 5 days Infected: Typically 7-10 days, tailor duration by response
Fish hook/marine injury[3] Acute Presentation: Streptococci sp, Staphylococcus sp, *Vibrio vulnificus*	• **Amoxicillin/Clav 875mg** PO BID **PLUS** **Doxycycline 100mg** PO BID Beta-Lactam Allergy: • **Clindamycin 300mg** PO TID **PLUS** **Doxycycline 100mg** PO BID	• **Amoxicillin/Clav 22.5mg/kg/dose** PO BID (max 875mg/dose) **PLUS** **Doxycycline 2mg/kg/dose** PO BID (max 100mg/dose)¥ Beta-Lactam Allergy: • **Clindamycin 10mg/kg/dose** PO TID (max 300mg/dose) **PLUS** **Doxycycline 2mg/kg/dose** PO BID (max 100mg/dose) ¥	Prophylaxis is not routinely recommended Infected: Typically 7-10 days, tailor duration by response
IVDU Abscess Do not use this guideline if tendon involvement, deep hand, or face	• See Cutaneous abscess or purulent cellulitis box for treatment options	• See Cutaneous abscess or purulent cellulitis box for treatment options	Typically 7-10 days, tailor duration by response

* Caution using trimethoprim/sulfamethoxazole in patients with advance age, chronic kidney disease, and/or concomitant potassium elevating medications such as ACE inhibitors/ARBs.

¥ 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**.

ANMC Associated Powerplans: AMB Cellulitis, Uncomplicated

Antimicrobial Stewardship Program Approved 2013; Updated October 2023

REFERENCES: 1. CID 2014:59 (15 July) Stevens et al. 2. JClin Microbiol. 2012 Dec; 50(12): 4067-4072. 3. J Travel Med 2014; 21: 207-213. 3. J Travel Med 2014; 21: 207-213. 4. The Sanford Guide to Antimicrobial Therapy. 2018. 54. 48th Ed.