

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

*If complicating risk factors are present, treatment varies.
Consider ID consultation*

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

	ADULT Antibiotic Therapy	PEDIATRIC Antibiotic Therapy	Duration
Uncomplicated Skin and Soft Tissue Infections			
Non-purulent cellulitis Common Pathogens: <i>Beta-hemolytic Streptococci sp.</i>	<ul style="list-style-type: none"> • Amoxicillin 500mg PO TID Penicillin Allergy (pick one): <ul style="list-style-type: none"> • Cephalexin 1000mg PO TID • Clindamycin 300mg PO TID 	<ul style="list-style-type: none"> • Amoxicillin 22.5mg/kg PO BID (max 4gm/day) Penicillin Allergy (pick one): <ul style="list-style-type: none"> • Cephalexin 17mg/kg PO TID (max 4gm/day) • Clindamycin 10mg/kg PO TID (max 450mg/dose) 	Adults: 5 days Pediatrics: 7-14 days • 5 days is sufficient for well-drained abscess <u>without</u> surrounding cellulitis • Duration of therapy <u>may be extended</u> for severe or poorly responsive disease
Cutaneous abscess or Purulent cellulitis → I&D (send purulent drainage for culture) Common Pathogens: <i>Staphylococcus aureus</i>	<ul style="list-style-type: none"> • TMP/SMX 800mg/160mg* PO BID Alternatives due to allergy or intolerance (pick one): <ul style="list-style-type: none"> • Doxycycline 100mg PO BID • Clindamycin 300mg PO TID 	<ul style="list-style-type: none"> • TMP/SMX age >2 months: 5mg/kg TMP PO BID (max 160mg TMP/dose) • Clindamycin 10mg/kg PO TID (max 450mg/dose) 	
Complicated Skin and Soft Tissue Infections → Consultation with infectious diseases physician or surgery should be considered			
Human bite/Animal bite Common Pathogens: <i>Pasteurella sp</i> (cats, dogs), <i>Capnocytophaga spp.</i> (dogs), <i>Eikenella corrodens</i> (human), <i>Streptococcus spp.</i> , Anaerobes	<ul style="list-style-type: none"> • Amoxicillin/Clav 875/125mg PO BID Beta-Lactam Allergy: <ul style="list-style-type: none"> • Levofloxacin 750mg PO daily PLUS Clindamycin 300mg PO TID 	<ul style="list-style-type: none"> • Amoxicillin/Clav 22.5mg/kg PO BID (max 875mg/dose) Beta-Lactam Allergy: <ul style="list-style-type: none"> • Clindamycin 10mg/kg PO TID (max 450mg/dose) PLUS TMP/SMX 5mg/kg TMP PO BID (max 160mg TMP/dose) 	Prophylaxis with <u>open wound</u> : 3 to 5 days <u>Infected</u> : Typically 7-10 days, tailor duration by response
Fish hook/marine injury³ Acute Presentation: Streptococci sp, Staphylococcus sp, <i>Vibrio vulnificus</i>	<ul style="list-style-type: none"> • Amoxicillin/Clav 875mg PO BID PLUS Doxycycline 100mg PO BID Beta-Lactam Allergy: <ul style="list-style-type: none"> • Clindamycin 300mg PO TID PLUS Doxycycline 100mg PO BID 	<ul style="list-style-type: none"> • Amoxicillin/Clav 22.5mg/kg PO BID (max 875mg/dose) PLUS Doxycycline 2mg/kg PO BID (max 100mg/dose)* Beta-Lactam Allergy: <ul style="list-style-type: none"> • Clindamycin 10mg/kg PO TID (max 450mg/dose) PLUS Doxycycline 2mg/kg PO BID (max 100mg/dose)* 	Prophylaxis is not routinely recommended <u>Infected</u> : Typically 7-10 days, tailor duration by response
IVDU Abscess Do not use this guideline if tendon involvement, deep hand, or face	<ul style="list-style-type: none"> • TMP/SMX 800mg/160mg* PO BID Sulfa Allergy: <ul style="list-style-type: none"> • Clindamycin 300mg PO TID 	<ul style="list-style-type: none"> • TMP/SMX 5mg/kg TMP PO BID (max 160mg TMP/dose) Sulfa Allergy: <ul style="list-style-type: none"> • Clindamycin 10mg/kg PO q8hr (max 450mg/dose) 	Typically 7-10 days, tailor duration by response
<ul style="list-style-type: none"> • *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 November 2021

REFERENCES: 1. CID 2014;59 (15 July) Stevens et al. 2. J Clin 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.