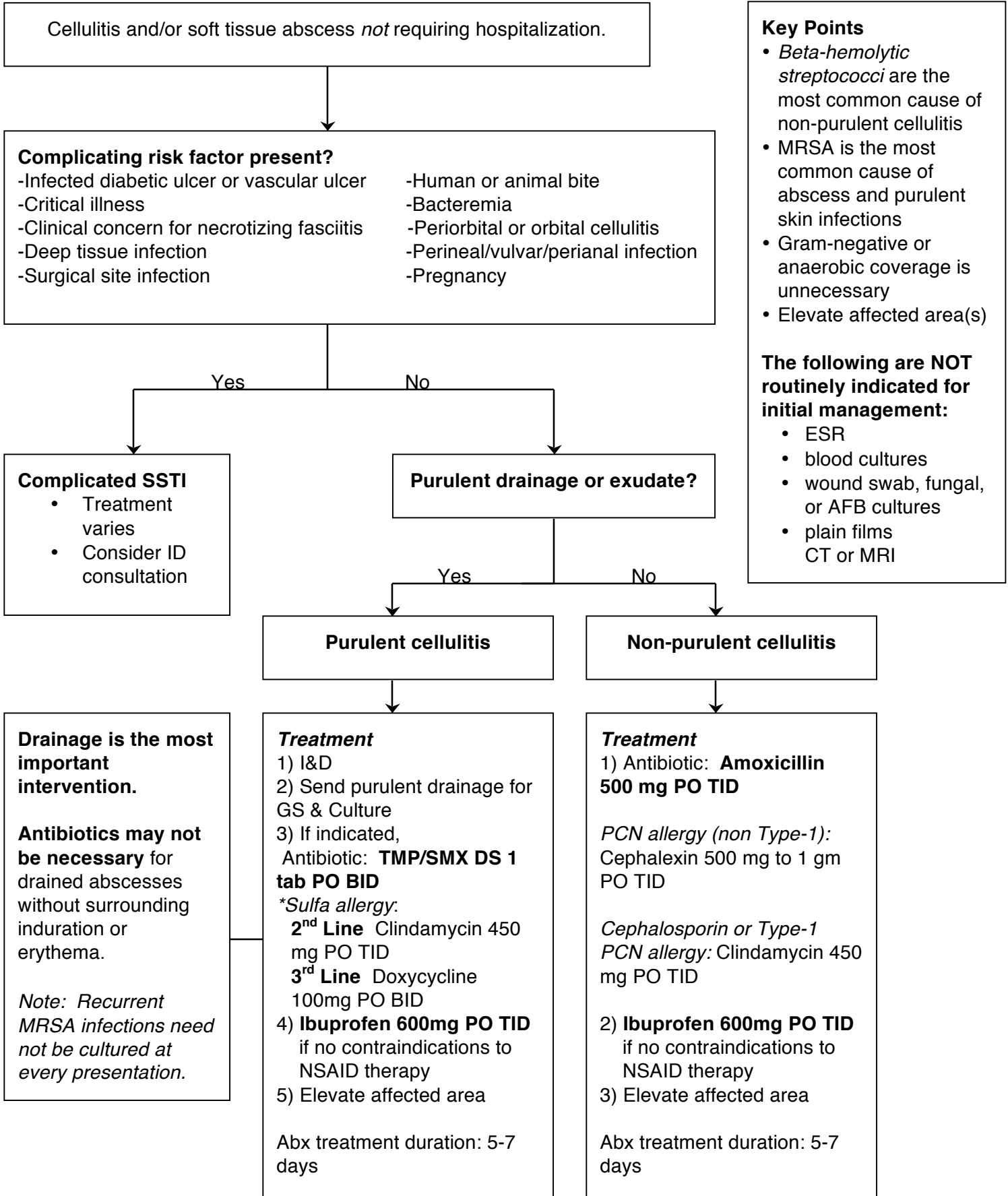


# ANMC Guideline for Uncomplicated Skin and Soft Tissue Infection (Outpatient)



# ANMC Guideline for Uncomplicated Skin and Soft Tissue Infection

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

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

*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)	<b>1) Antibiotic: Amoxicillin 500mg PO TID</b> Alternative 1 <sup>st</sup> line or PCN allergy: <b>Cephalexin 500mg - 1gm PO TID</b> <i>Cephalosporin or Type-1 PCN allergy:</i> <b>Clindamycin 450 mg PO TID</b> <b>2) Ibuprofen 600mg PO TID</b> if no contraindications to NSAID therapy <b>3) Elevate affected area</b>	Abx Treatment Duration: <b>5-7 days</b>
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)	<b>1) I&amp;D</b> <b>2) Send purulent drainage for GS &amp; Culture</b> <b>3) If indicated,</b> <b>Antibiotic: TMP/SMX DS 1 tab PO BID</b> <i>*Sulfa allergy:</i> 2ndLine <b>Clindamycin 450mg PO TID</b> 3rdLine <b>Doxycycline 100mg PO BID</b> <b>4) Ibuprofen 600mg PO TID</b> if no contraindications to NSAID therapy <b>5) Elevate affected area</b>	<b>Drainage is the most important intervention.</b>  <b>Antibiotics may not be necessary</b> for drained abscesses without surrounding induration or erythema  Abx Treatment Duration: <b>5-7 days</b>  <i>Note: Recurrent MRSA infections need not be cultured at every presentation</i>

# ANMC Guideline for Uncomplicated Skin and Soft Tissue Infection (Inpatient)

