



¹ **Wound Cultures** are followed by the Transfer Center. If the culture is not sensitive to the prescribed antibiotic, the Call Back Center notifies the ED physician to assess and determine the need to change antibiotic.

INCLUSION CRITERIA

- A confined purulent collection of fluid with localized pain, redness, swelling & warmth
- Fluctuant, actively draining, fluid collection, or purulent collection confirmed on US
- Redness of skin with infection

EXCLUSION CRITERIA*

- Hospital-acquired, surgical site & device-associated infections
- Presumed necrotizing fasciitis
- Immunodeficiency/Immunocompromised
- Pressure ulcers
- Diabetes
- Ill appearing patient
- Age < 2 months
- Rapidly progressing cellulitis

***The following soft tissue infections are excluded from the Guideline. Consider obtaining a subspecialist consult.**

- Breast abscess
- Deep Extremity Infection
- Deep Puncture wound of hand/fingers/feet
- Facial cellulitis
- Groin
- Large or complex abscess
- Bite related cellulitis
- Purulent Neck Lymphadenitis
- Mastitis
- Orbital/periorbital abscess
- Perineal abscess
- Perianal/perirectal abscess
- Pilonidal cyst
- Solitary dental abscess
- Severe rapidly progressive Cellulitis

²Empiric Treatment for Abscess

First SSTI:
Bactrim (TMP/SMX): 5mg TMP/kg/dose BIDX 7 days
 Max dose is 320mg TMP (or 2 double strength tablets BID)
 OR
Clindamycin 10mg/kg/dose TID x 7 days
 MAX dose = 600mg TID

Recurrent: Clindamycin 10mg/kg/dose TID x 7 days MAX dose = 600mg TID

Admission Criteria:

- Patient is < 2months (consider admission if < 6months)
- Consider admission if abscess is > 5cm
- Failed oral antibiotics (worse after 48hrs, emesis or inability to tolerate oral antibiotic, adverse reaction)
- Need IV Vancomycin (based on past sensitivities, signs of sepsis or shock; refer to ED Sepsis Guideline)
- Rapidly progressing lesion or significant/unrelieved pain