UC CLINICAL PRACTICE GUIDELINE

SKIN AND SOFT TISSUE INFECTION (SSTI) (AKA ABSCESS/CELLULITIS) Suspected skin/soft tissue infection in children ≥ 2 months old



CELLULITIS ABSCESS Non-Purulent **SMALL SMALL** MEDIUM to < 1cm <1cm with LARGE No Cellulitis cellulitis ≥ 1cm Incision and Cephalexin LMX and LMX and Drainage 15mg/kg/dose TID Incision and Incision and Consider Pain/ x 5 days Drainage as Drainage as Sedation MAX Dose = needed needed Management 500mg TID D/C home Send Wound D/C home and No Antibiotics Culture¹ follow-up with Follow-up with PMD in 2-3 days PMD in 2-3 days **Routine** Labs are **NOT** necessary If the abscess is ≥ 1 cm and ≤ 5 cm and dependent on patient's age, it is at the discretion of the physician to drain the abscess in the UC. However in such **Empiric** Treatment² cases, it is strongly recommended to Clindamycin or provide additional sedation. TMP/SMX (Bactrim) Discharge Home

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 & deviceassociated infections
- Presumed necrotizing fasciitis
- Immunodeficiency/Immunocompromised
- Pressure ulcers
- Diabetes
- III appearing patient
- Age < 2 mo.
- Rapidly progressing cellulitis
- Abscess > 5cm

*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)

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

Transfer Criteria:

- Failed oral antibiotics (worse after 48hrs, emesis or inability to tolerate oral antibiotic, adverse reaction)
- Rapidly progressing lesion or significant/ unrelieved pain

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.

Follow up with PMD in 3 days