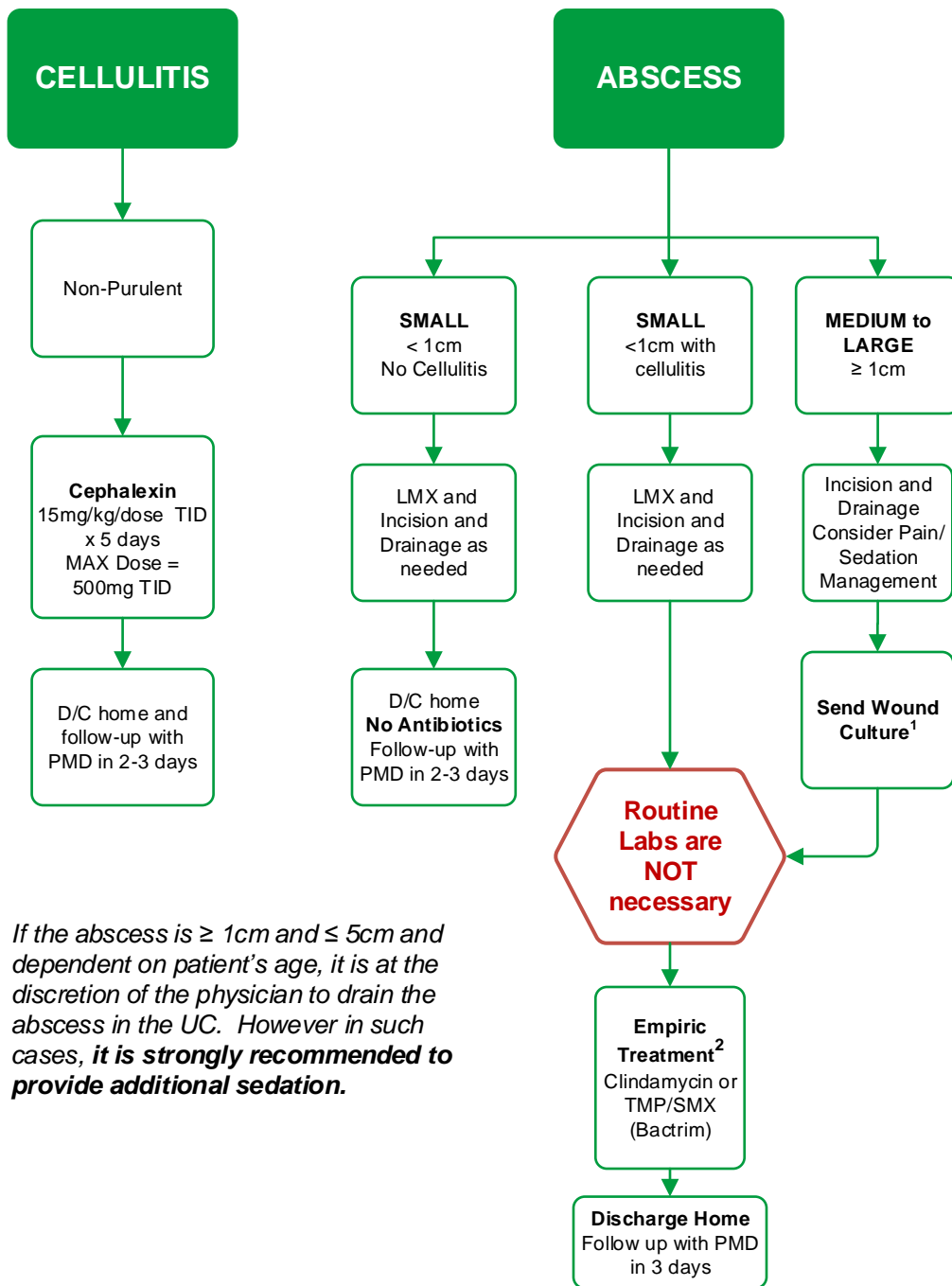


**UC CLINICAL PRACTICE GUIDELINE**  
**SKIN AND SOFT TISSUE INFECTION (SSTI) (AKA ABSCESS/CELLULITIS)**  
 Suspected skin/soft tissue infection in children  $\geq 2$  months old

FINAL  
7.25.19



*If the abscess is  $\geq 1$ cm and  $\leq 5$ 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 cases, it is strongly recommended to provide additional sedation.*

<sup>1</sup> **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 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

**<sup>2</sup>Empiric Treatment for Abscess**

**First SSTI:**  
**Bactrim (TMP/SMX): 5mg TMP/kg/dose BID x 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

**Transfer Criteria:**

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