COMMUNITY MEDICAL CENTER

Skin & Soft Tissue Infection ED Pathway

Includes: Non-toxic children <18 years old with cellulitis or abscess
Excludes: Immunocompromised, near recent surgical site, oral-facial region, foreign body, bite wounds, concern for necrotizing fasciitis.

Clinical evaluation (can consider ultrasound if physical exam equivocal)
Mark boundaries of erythema with marker or pen

Suppurative
Fluctuant/draining abscess suspected

Strongly consider
I&D with gram stain & culture
(especially if recurrent infection, immunosuppression, signs of systemic illness)

Pediatric surgery consultation if large, extensive or perianal location

Concern for MRSA

Antibiotics

Trimethoprim-sulfamethoxazole
8-12 mg/kg/day divided into 2 doses (TMP not to exceed 1600 mg/day PO or 960 mg/day IV)
- or-
Clindamycin 40 mg/kg/day divided every 8 hours PO/IV (max dose not to exceed 450 mg po q8 or 600 mg IV q8h

Note: Antibiotic choice should be guided by your local antibiogram for Staph aureus)

Non-suppurative
Indurated but not fluctuant/draining

Family OR personal history of MRSA, recurrent boils or spider bites

YES

NO

Antibiotics

ORAL: Cephalexin 50 mg/kg/day divided into 3 doses (max dose not to exceed 750mg po q8hr)

IV: Cefazolin 100 mg/kg/day q 6-8 hours (max dose not to exceed 1000 mg IV q8)

If cephalosporin allergy: Clindamycin 40 mg/kg/day divided every 8 hours PO/IV (max dose not to exceed 450 mg po q8 or 600 mg IV q8)

Consider admission

- Failure of outpatient therapy
- Barriers to accessing care
- Extensive involvement: joints, face, hands, feet, groin
- Not tolerating PO
- Rapid progression
- Inadequate pain control

If not improved in 48-72 hours

CBC, CRP, blood culture
Consider ultrasound to look for abscess and/or pediatric surgery consult
Consider admission for IV antibiotics

Discharge Planning

Wound care & return precautions
Follow up with PCP in 2-3 days
Typical duration of treatment is **5-7 days** but may vary by patient

For pediatric hospitalist phone consultation or transfer, call Community Children's Referral Line at 406-327-4726

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