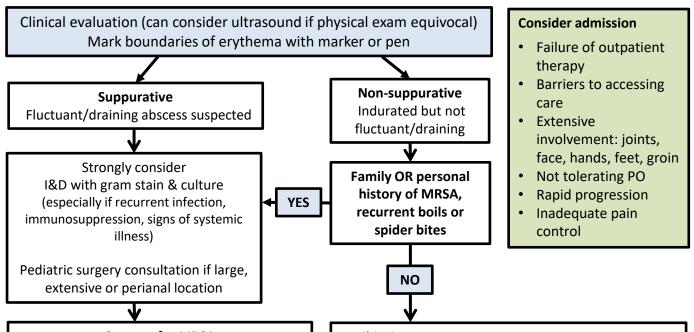


Skin & Soft Tissue Infection ED Pathway

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.



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)

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)

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)

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

Disclaimer: Pathways are intended as a guide for practitioner and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances. Recommendations based on our local antibiogram for Community Medical Center in 2020.

Last updated 4/2021