Skin/soft tissue infection – Treatment Guidance for MLH

Adopted from Nebraska Medicine ASP

Consider oral antibiotics for mild infections. This protocol is intended for patients with **moderate to severe skin/soft tissue infections** requiring hospitalization that **DO NOT** meet sepsis criteria.

Non-purulent cellulitis No wound or purulent material present	• Streptococcus species • *S. aureus* (less common)	**Moderate – Severe** • Cefazolin 2 g IV Q8H *Severe PCN allergy* • Clindamycin 600 mg IV Q8H **Severe systemic illness or no or worsening response to empiric therapy at 48 hours:** • Vancomycin 15 mg/kg IV Q12H (pharmacy consult)
Erysipelas Superficial skin/soft tissue infection limited to dermal lymphatics with clear demarcation	• *S. pyogenes* • *S. agalactiae* • *S. aureus* (rare)	**Moderate – Severe** • PCN G 2 MU IV Q6H **OR** • Ampicillin 2 g IV Q6H **OR** • Cefazolin 2 g IV Q8H *Severe PCN allergy* • Clindamycin 600 mg IV Q8H **If concern for MRSA consider:** • Vancomycin 15 mg/kg IV Q12H (pharmacy consult)
Purulent skin/soft tissue infections Including abscess, furuncles, carbuncles, or other SSTI with purulence present	• *S. aureus* (MRSA likely) • Beta-hemolytic streptococci	**Incision/drainage is essential for clinical cure** **Adjunctive antibiotics are recommend for all abscess > 2 cm or in the following clinical situations** • Severe or extensive disease • Rapid progression of soft tissue infection • Signs/symptoms of systemic illness • Immunosuppression or comorbidities (diabetes, HIV, active neoplasm) • Extremes of age • Associated septic phlebitis • Sensitive area (face, hand, genitals) • Lack of response to incision/drainage **Moderate – Severe** • Vancomycin 15 mg/kg IV Q12H (pharmacy consult)

Necrotizing Soft Tissue Infections Necrotizing fasciitis, Fournier's gangrene, Ludwig's angina, Clostridial myonecrosis (gas gangrene)	**Empiric Therapy** (pathogens vary depending on severity and type of infection)	➢ **<u>Immediate surgical debridement and culture</u>** ➢ **Refer to sepsis order set for management of necrotizing soft tissue infections** ➢ **ID consult (or AMS consult if ID not available) is strongly recommended for all cases of necrotizing SSTI infection**