

Skin and Soft Tissue Infections

EMPIRIC TREATMENT

NON-PURULENT cellulitis or erysipelas		
Severity		Duration (days)
Mild infection	cephalexin 500-1000 mg PO QID <i>If severe beta-lactam allergy:</i> clindamycin 300-450 mg PO TID	5
Moderate-severe infection <i>Outpatient management</i>	cefazolin 2 g IV q24h AND probenecid 1 g PO daily (give prior to cefazolin) Second Line: ceftriaxone 1-2 g IV q24h <i>If severe beta-lactam allergy:</i> clindamycin 900 mg IV q12h OR vancomycin 1 g IV q12h ¹	7
Moderate-severe infection <i>Inpatient management</i>	cefazolin 2 g IV q8h <i>If severe beta-lactam allergy:</i> vancomycin ¹	7
Reassess daily for PO stepdown (fever resolved, no further progression of erythema, improving pain) Consider Infectious Diseases consultation if not improving after three days of therapy.		
PURULENT skin infection or abscess		
Severity		Duration (days)
Mild infection <i>Systemically well</i>	Incision & drainage AND consider culture if recurrent or treatment failure Consider TMP/SMX DS 1-2 tab PO BID OR doxycycline 100 mg PO BID	7
Moderate-severe infection <i>Outpatient management</i>	Incision & drainage AND send culture TMP/SMX DS 1-2 tab PO BID OR doxycycline 100 mg PO BID OR vancomycin ¹	7
Moderate-severe infection <i>Inpatient management</i>	Incision & drainage AND send culture vancomycin ¹ – tailor therapy to culture results	7
NECROTIZING soft tissue infections		
Necrotizing cellulitis, fasciitis, or myositis	URGENT SURGICAL CONSULTATION piperacillin-tazobactam 3.375 g IV q6h AND vancomycin ¹ AND clindamycin 900 mg IV q8h <i>If severe beta-lactam allergy:</i> meropenem 500 mg IV q6h AND vancomycin ¹ AND clindamycin 900 mg IV q8h	
BITE (dog, cat, human)		
Severity		Duration (days)
Assess for tetanus prophylaxis		
Prophylaxis	Indicated if: <ul style="list-style-type: none"> • Immunocompromised • Asplenic • Cirrhosis • Edema of affected area • Moderate to severe injury • Hand or face involvement • Penetration of periosteum or joint capsule amoxicillin-clavulanate 875-125 mg one tab PO BID <i>If severe beta-lactam allergy:</i> doxycycline 100 mg PO BID	3-5
Mild-moderate infection	amoxicillin-clavulanate 875-125 mg one tab PO BID <i>If severe beta-lactam allergy:</i> doxycycline 100 mg PO BID AND metronidazole 500 mg PO BID OR moxifloxacin 400 mg PO daily	5
Severe infection	ceftriaxone 1-2 g IV q24h AND metronidazole 500 mg PO/IV BID <i>If severe beta-lactam allergy:</i> moxifloxacin 400 mg PO/IV daily	7

Doses may require adjustment in renal insufficiency.

¹ For vancomycin dosing, refer to “Vancomycin Dosing and Therapeutic Monitoring”

Prepared by the Fraser Health Antimicrobial Stewardship Program

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