

## Skin and Soft Tissue Infections

### EMPIRIC TREATMENT

<b>NON-PURULENT cellulitis or erysipelas</b>		
Severity		Duration (days)
Mild infection	cephalexin 500-1000 mg PO QID <i>If severe beta-lactam allergy:</i> clindamycin 300-450 mg PO TID	<b>5</b>
Moderate-severe infection <i>Outpatient management</i>	cefazolin 2 g IV q24h <b>AND</b> 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 <b>OR</b> vancomycin 1 g IV q12h <sup>1</sup>	<b>7</b>
Moderate-severe infection <i>Inpatient management</i>	cefazolin 2 g IV q8h <i>If severe beta-lactam allergy:</i> vancomycin <sup>1</sup>	<b>7</b>
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.		
<b>PURULENT skin infection or abscess</b>		
Severity		Duration (days)
Mild infection <i>Systemically well</i>	Incision & drainage <b>AND</b> consider culture if recurrent or treatment failure Consider TMP/SMX DS 1-2 tab PO BID <b>OR</b> doxycycline 100 mg PO BID	<b>7</b>
Moderate-severe infection <i>Outpatient management</i>	Incision & drainage <b>AND</b> send culture TMP/SMX DS 1-2 tab PO BID <b>OR</b> doxycycline 100 mg PO BID <b>OR</b> vancomycin <sup>1</sup>	<b>7</b>
Moderate-severe infection <i>Inpatient management</i>	Incision & drainage <b>AND</b> send culture vancomycin <sup>1</sup> – tailor therapy to culture results	<b>7</b>
<b>NECROTIZING soft tissue infections</b>		
Necrotizing cellulitis, fasciitis, or myositis	<b>URGENT SURGICAL CONSULTATION</b> piperacillin-tazobactam 3.375 g IV q6h <b>AND</b> vancomycin <sup>1</sup> <b>AND</b> clindamycin 900 mg IV q8h <i>If severe beta-lactam allergy:</i> meropenem 500 mg IV q6h <b>AND</b> vancomycin <sup>1</sup> <b>AND</b> clindamycin 900 mg IV q8h	
<b>BITE (dog, cat, human)</b>		
Severity		Duration (days)
Assess for tetanus prophylaxis		
Prophylaxis	Indicated if: <ul style="list-style-type: none"> <li>• Immunocompromised</li> <li>• Asplenic</li> <li>• Cirrhosis</li> <li>• Edema of affected area</li> <li>• Moderate to severe injury</li> <li>• Hand or face involvement</li> <li>• Penetration of periosteum or joint capsule</li> </ul> amoxicillin-clavulanate 875-125 mg one tab PO BID <i>If severe beta-lactam allergy:</i> doxycycline 100 mg PO BID	<b>3-5</b>
Mild-moderate infection	amoxicillin-clavulanate 875-125 mg one tab PO BID <i>If severe beta-lactam allergy:</i> doxycycline 100 mg PO BID <b>AND</b> metronidazole 500 mg PO BID <b>OR</b> moxifloxacin 400 mg PO daily	<b>5</b>
Severe infection	ceftriaxone 1-2 g IV q24h <b>AND</b> metronidazole 500 mg PO/IV BID <i>If severe beta-lactam allergy:</i> moxifloxacin 400 mg PO/IV daily	<b>7</b>

Doses may require adjustment in renal insufficiency.

<sup>1</sup> For vancomycin dosing, refer to “Vancomycin Dosing and Therapeutic Monitoring”

Prepared by the Fraser Health Antimicrobial Stewardship Program

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