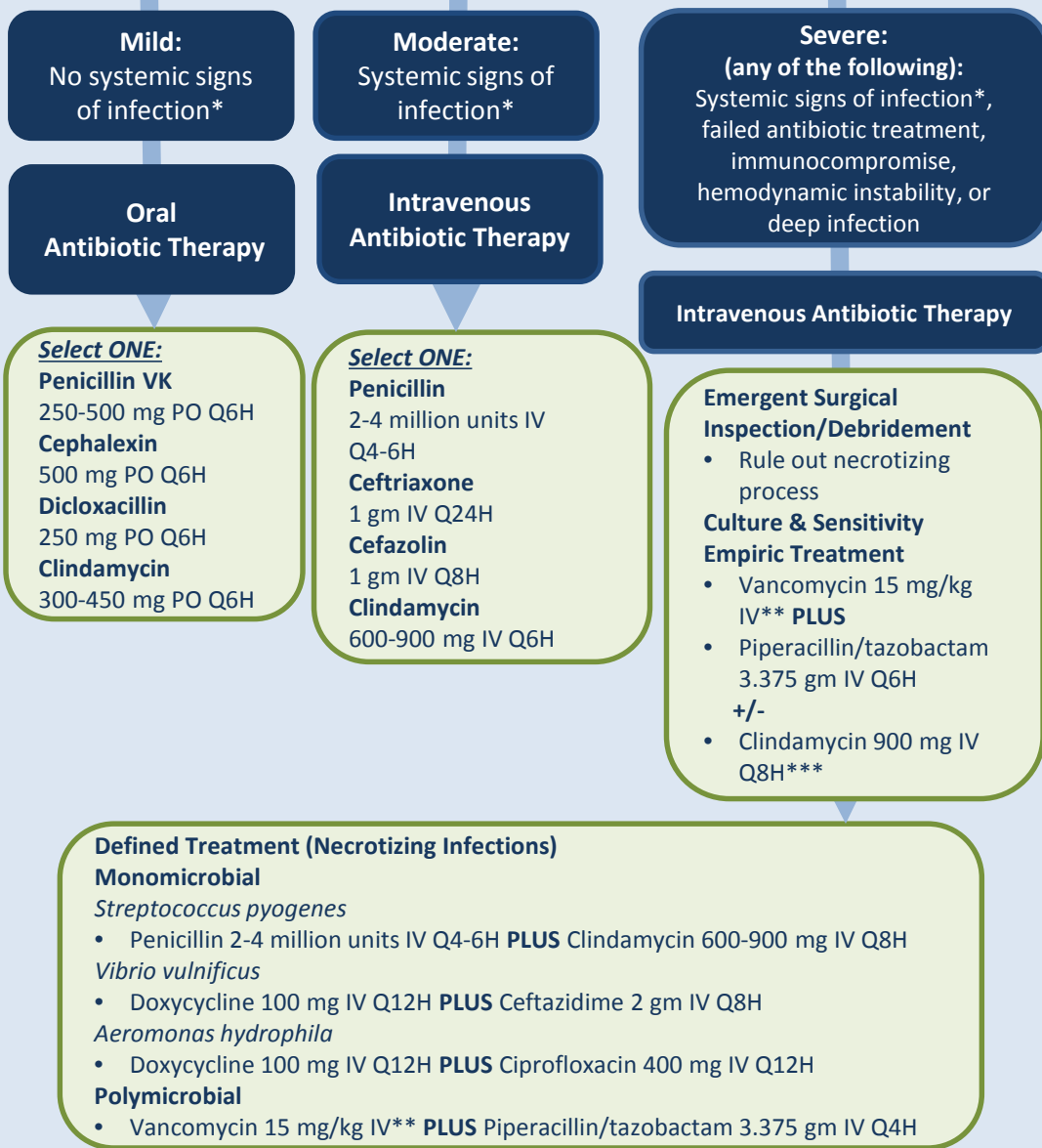


Skin and Soft Tissue Infections (SSTI)

NONPURULENT

Necrotizing Infection/Cellulitis/Erysipelas [Usually *Streptococcus pyogenes* (Group A Strep)]



H= hours; IV= intravenous; PO= oral; Q= every

*Systemic signs of infection include, but are not limited to, temperature >38°C, tachycardia (heart rate >90 beats per minute), tachypnea (respiratory rate >24 breaths per minute) or abnormal white blood cell count (>12 000 or <4000 cells/μL).

**Refer to section on Vancomycin Dosing and Monitoring in Adult Patients.

***Consider this addition for necrotizing fasciitis.

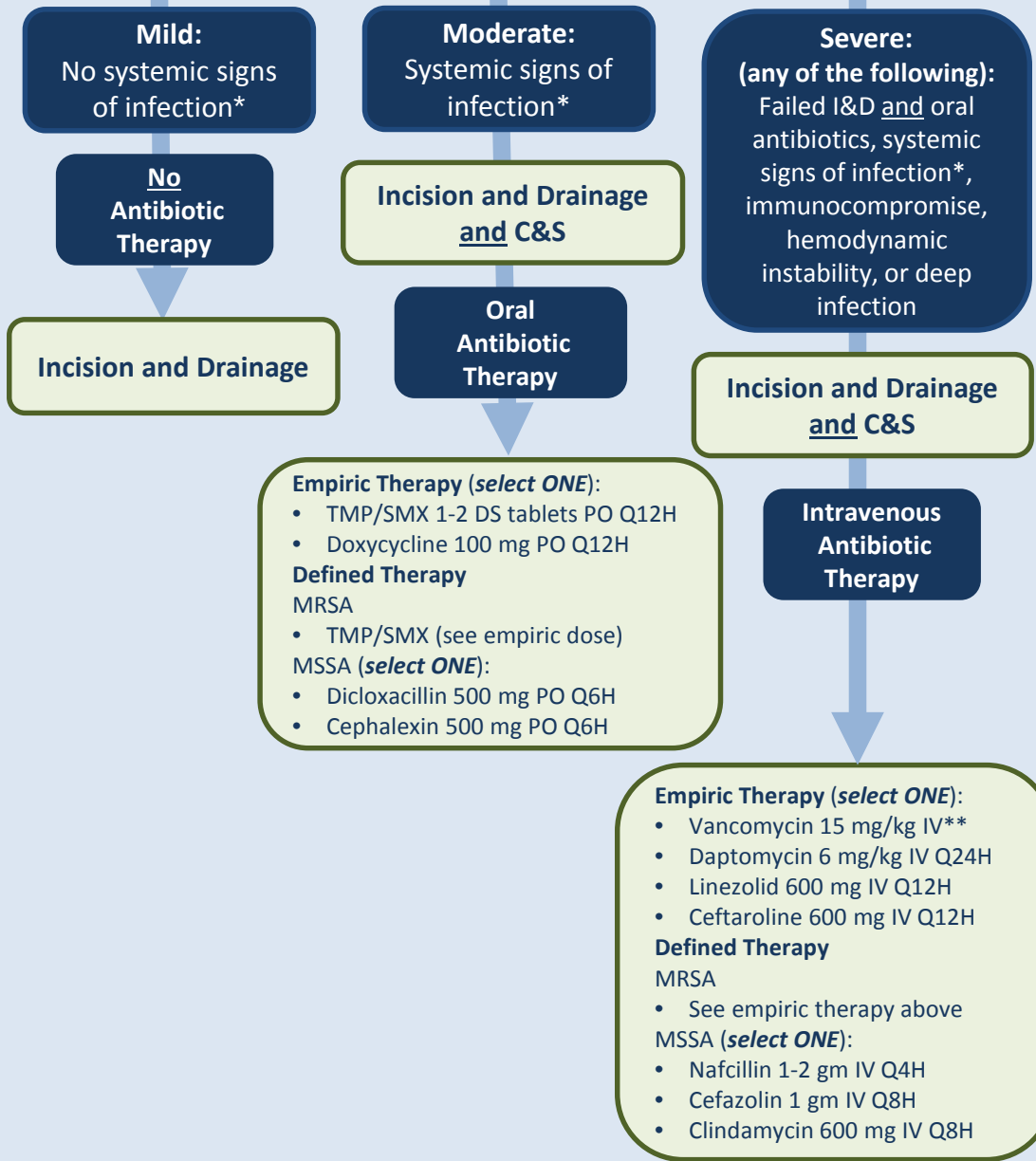
Note: Refer to Table of Contents for section on Antimicrobial Dosing for Adult Patients Based on Renal Function for dosing in patients with renal impairment.

References:

1. Stevens DL, Bisno AL, Chambers HF, Dellinger EP, Goldstein EJ, Gorbach SL, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2014; 59(2): e10-52.
2. Duong M, Markwell S, Peter J, Barenkamp S. Randomized, controlled trial of antibiotics in the management of community-acquired skin abscesses in the pediatric patient. *Ann Emerg Med* 2010; 55:401-7.
3. Macfie J, Harvey J. The treatment of acute superficial abscesses: a prospective clinical trial. *Br J Surg* 1977; 64:264-6.
4. Llera JL, Levy RC. Treatment of cutaneous abscess: a double-blind clinical study. *Ann Emerg Med* 1985; 14:15-9.
5. Rutherford WH, Hart D, Calderwood JW, Merrett JD. Antibiotics in surgical treatment of septic lesions. *Lancet* 1970; 1:1077-80.
6. Schmitz GR, Bruner D, Pitotti R, et al. Randomized controlled trial of trimethoprim-sulfamethoxazole for uncomplicated skin abscesses in patients at risk for community-associated methicillin-resistant *Staphylococcus aureus* infection. *Ann Emerg Med* 2010; 56:283-7.

Skin and Soft Tissue Infections (SSTI)

PURULENT Furuncle/Carbuncle/Abscess (Usually *Staphylococcus aureus*)



C&S= culture and sensitivity; DS= double-strength; H= Hours; I&D= incision and drainage; IV= intravenous; MRSA= methicillin-resistant *Staphylococcus aureus*; MSSA= methicillin-susceptible *Staphylococcus aureus*; PO= by mouth; Q= every; Rx= treatment; TMP/SMX= trimethoprim-sulfamethoxazole

*Systemic signs of infection, but are not limited to, include temperature >38°C, tachycardia (heart rate >90 beats per minute), tachypnea (respiratory rate >24 breaths per minute) or abnormal white blood cell count (>12 000 or <4000 cells/μL).

**Refer to section on Vancomycin Dosing and Monitoring in Adult Patients.

References:

1. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2014; 59(2): e10-52.
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