Skin Infections: Cellulitis & Abscess (Toxic Patient)

Toxic (Septic)
Febrile AND increased heart rate or decreased blood pressure

- Blood culture
- CBC
- Chem 8
- CRP

Exclusion Criteria
- Foreign body suspected
- Immunocompromised
- Near recent surgical site
- Facial including orbital, peri orbital, dental
- Bite wounds
- Symptoms overlying a joint
- Adenitis

If cellulitis is overlying a joint consider MSK pathway

Suppurative
fluctuant/draining; abscess suspected

I & D with culture
Do not wait to start antibiotics if I&D is delayed.

Vancomycin 60 mg/kg/day Divided every 6 hours

Non-suppurative
indurated but not fluctuant/draining

Personal or family history of MRSA?

YES

Cefazolin 100 mg/kg/day divided every 8 hours

NO

Consider Clindamycin 40 mg/kg/day divided every 8 hours if toxin mediated process suspected

Admit

Consider consults with:
- Infectious Disease
- Pediatric Surgery (leave ultrasound orders to Pediatric Surgery)

Antibiotic Max Dose
- Cefazolin 2000mg every 8 hours
- Clindamycin 900mg IV every 8 hours
- Clindamycin 600mg orally every 8 hours
- Vancomycin 15mg/kg every 6-8 hours (max 4000mg/day divided every 6-8 hours depending on renal function)

Consider de-escalation of therapy when:
- Fever and cardiovascular instability resolved
- Physical exam improving
- Tolerating PO fluids and medication

Disclaimer: Pathways are intended as a guide for practitioners 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.

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