SKIN & SOFT TISSUE INFECTION PATHWAY
NON-TOXIC PATIENT

Non-Toxic Patient Presents with concern of Skin & Soft Tissue Infection
*Labs and imaging NOT routinely indicated*

Is skin area SUPPURATIVE (fluctuant/draining or abscess suspected) OR NON-SUPPURATIVE (indurated but not fluctuant/draining)?

Suppurative

Incision and drainage with gram stain and culture

Non-suppurative

Does patient meet admission criteria?

No

Start enteral antibiotics (consider personal/family history of MRSA)
No MRSA history: cephalaxin PO
MRSA History: TMP/SMX (Bactrim)

Yes

Admit patient
Start IV antibiotics (consider personal/family history of MRSA)
No MRSA History: cefazolin
History of MRSA: vancomycin

Once cultures results return: narrow or change antimicrobial therapy if needed

Is patient improving in 48-72 hours?

Yes

Patient can be discharged once meets criteria:
- Tolerating PO antibiotics
- Improvement of infectious site
- Pain well controlled
Recommend PCP follow up

No

Manage off pathway and consider alternative diagnostic work up and Infectious Disease consult

If not improving in 48-72h:
- Consult to Pediatric Surgery and/or Infectious Disease through the priority line
- Ultrasound of site
- Consider CBC, CRP, and/or blood culture

Complete course of antibiotics, recommended duration is 5-7 days

Inclusion Criteria:
- ≥ 3 months

Exclusion Criteria:
- Foreign body suspected
- Immunocompromised
- Infection near a recent surgical site
- Head and neck infections
- Bite wounds
- Symptoms overlying a joint – consider
  MSI Pathway Initial Evaluation
  MSI Pathway Inpatient Management

Consider Admission for:
- Failure of outpatient therapy
- Accessibility to care
- Extensive involvement (hands, feet, face, groin, overlying joints)
- Not tolerating PO
- Rapid progression
- Inadequate pain control

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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.
**Antibiotic Dosing Recommendations**

Consider referencing the [CHMC antibiogram](#).

### Non-Admitted Patient

| No History of MRSA          | Cephalexin PO 25mg/kg/dose three times daily  
|                            | (max dose 1,000mg/dose)                        |
| History of MRSA or anaphylaxis with cephalosporins | TMP/SMX (Bactrim) 4mg/kg/dose of TMP twice daily  
|                            | (max dose 320mg of TMP/dose)                   |
| OR                         | Clindamycin 13 mg/kg/dose three times daily    
|                            | (if known susceptibilities)                    |
|                            | (max dose 600 mg/dose)                         |

### Admitted Patient

| No history of MRSA          | Cefazolin IV 33.3mg/kg/dose every 8 hours     
|                            | (max dose 2,000mg/dose)                       |
| History of MRSA             | Vancomycin 15mg/kg/dose every 6-8 hours       
|                            | (max dose 1,250mg/dose)                       |

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