Management of Skin and Soft Tissue Infections

**NONPURULENT**
Necrotizing Infection / Cellulitis / Erysipelas

- Severe
  - EMERGENT SURGICAL INSPECTION / DEBRIDEMENT
    - Rule out necrotizing process
  - EMPIRIC Rx
    - Vancomycin PLUS Piperacillin / Tazobactam
  - DEFINED Rx (Necrotizing Infections)
    - Monomicrobial
      - Streptococcus pyogenes
      - Penicillin PLUS Clindamycin
      - Clostridial sp.
      - Penicillin PLUS Clindamycin
      - Vibrio vulnificus
    - Polymicrobial
      - Vancomycin PLUS Piperacillin / Tazobactam
  - C & S
- Moderate
  - INTRAVENOUS Rx
    - Penicillin or Ceftriaxone or Cefazolin or Clindamycin
- Mild
  - ORAL Rx
    - Penicillin VK or Cephalosporin or Dicloxacillin or Clindamycin

**PURULENT**
Furuncle / Carbuncle / Abscess

- Severe
  - I & D C & S
  - DEFINED Rx
    - MRSA
      - See Empiric
      - Nafcillin or Cefazolin or Clindamycin
- Moderate
  - I & D
  - DEFINED Rx
    - MSSA
      - TMP / SMX or Doxycycline
- Mild
  - I & D (incision and drainage)
  - DEFINED Rx
    - C & S (culture and sensitivity)

**Cellulitis / Erysipelas**
Duration of Therapy 5 days.

**Empiric Rx**
- Vancomycin or Daptomycin or Linezolid or Televancin or Ceftaroline

** DEFINED Rx**
- MSSA
  - TMP / SMX or Doxycycline
- MRSA
  - TMP / SMX or Dicloxacillin or Cephalaxin

1 Since daptomycin and televancin are not approved for use in children, vancomycin is recommended; clindamycin may be used if clindamycin resistance is <10-15% at the institution.

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