



DO NOT use guideline for the following:

- Diabetic ulcer
- Vascular ulcer
- Necrotizing fasciitis
- Human or animal bite cellulitis
- Thrombophlebitis
- Erythema nodosum
- Toxic shock syndrome
- Herpes zoster
- Fish finger
- Bacteremia
- Periorbital or orbital cellulitis
- Osteomyelitis
- Perineal/vulvar/perianal infections

If considering an above diagnosis, management must be individualized, and this guideline may not apply.

Empiric Oral Antibiotic Therapy

Adults
Septra DS 1 tab PO q12 hours (do not give to pregnant women)

Children
Septra 4-6 mg/kg PO q12 hours (based on TMP component)

Adults with sulfa allergy
Doxycycline 100 mg PO q12 hours

Children with sulfa allergy
≥ 8 years: Doxycycline 2 mg/kg PO q12 hours (max 100 mg/dose)
< 8 years: Clindamycin 10-13 mg/kg PO q8 hours

Pregnant or breastfeeding women
Clindamycin 450 mg PO TID

***Antibiotic duration 5-7 days**
***Doxycycline does not cover *Strep pyogenes*.**
Discharge with topical chlorhexidine wash if recurrent abscess and patient has no running water.

Vancomycin:
Strongly consider inpatient admission if vancomycin is considered.
Remember, no outpatient vancomycin may be prescribed to patients <18 years old.

BOX 2: Criteria for Outpatient Management:

- Afebrile and non-toxic
- Ambulatory and able to commute to hospital for outpatient treatment
- Able to care for self
- Tolerating PO fluids
- Pain controlled with oral pain meds
- Doesn't require hospitalization for elevation of extremity

- Admission with IV antibiotics. (See box.)
- Recommend blood cultures, CBC, basic metabolic panel.
- Elevation and heating pad.
- Consider IV fluids.
- Scheduled NSAIDs if no contraindication.
- Consider imaging.
- If patient meets criteria for sepsis, follow sepsis guideline.
- **Calculate LRINEC score.**

Empiric IV Antibiotic Therapy

1. Vancomycin:
 - <12 years: 15 mg/kg IV q6h. Trough before 6th dose.
 - 12-18 years: 15 mg/kg IV q8h. Trough before 6th dose.
 - Adults: 1 gram IV q12h. For obese patients, dose 15 mg/kg IV q12h using ideal body weight. No troughs if therapy <72 hours.
 - Dosing changes to be made by pharmacy using AUC/MIC or clincalc.com/vancomycin
2. Clindamycin 600 mg IV q8h. Restricted to vancomycin allergy.
3. Linezolid 600 mg IV/PO q12h. Restricted to MRSA resistance/allergy. ID consult recommended.
4. Consider coverage for *H. influenzae* A/B in children with rapidly progressing cellulitis/abscess, temp >104°F, systemic symptoms (listlessness, lethargy): ceftriaxone 75 mg/kg IV/IM q24 hours in addition to above.

