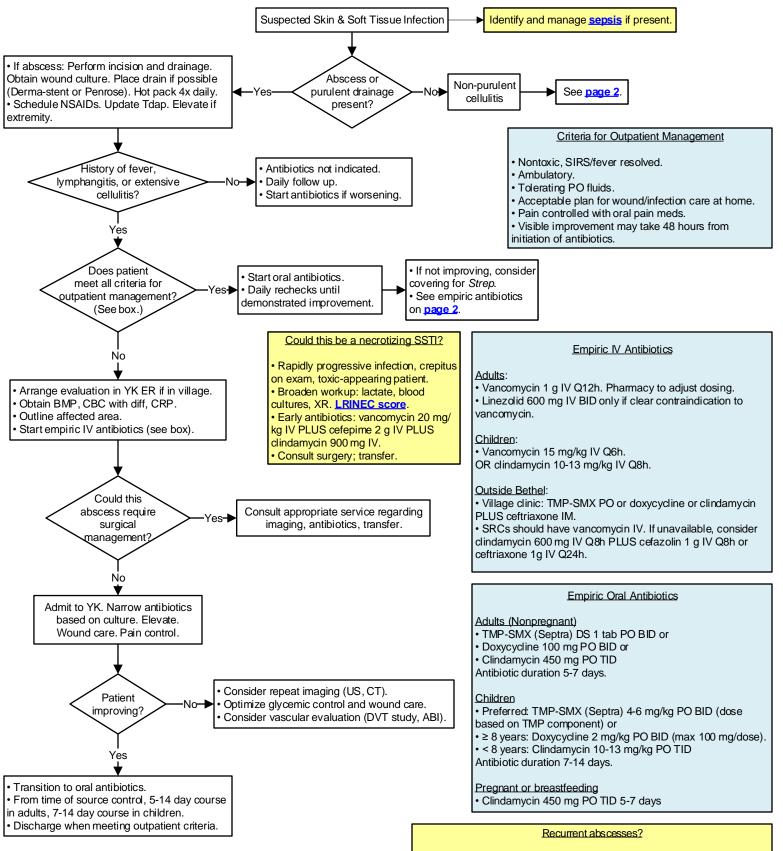


Clinical Guideline

Skin and Soft Tissue Infection, Page 1



This guideline is designed for the general use of most patients but may need to be a dapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 3/24/23.

Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact clinical_guidelines@ykhc.org.

Consider:

- Treat with antibiotics if not already done.
- Question and counsel about hygiene, steaming, cleaning practices, care of draining wounds.
- Pilonidal cyst? Hidradenitis suppurativa?
- Retained foreign body?
 - Decolonization if all the above addressed and recurrence persists.



Clinical Guideline

Skin and Soft Tissue Infection, Page 2

Impetigo

- If limited, use topical mupirocin TID for 5 days.
- If extensive, first line is cephalexin 17 mg/kg PO TID (max 4 g/day). If not improving, cover instead

for MRSA (see empiric antibiotics on page 1).

- If not improving, consider covering for *Staph*.
- See empiric antibiotics on page 1
- Start oral antibiotics.Daily rechecks until demonstrated

improvement.

←Yes

Non-purulent cellulitis present Identify and manage sepsis if present. Antibiotics not indicated. Daily follow up. Start antibiotics if worsening. Criteria for Outpatient Management

Does patient

meet all criteria for

outpatient

nanagement?

Arrange evaluation in YK ER if in village. Obtain BMP, CBC with diff, CRP.

Outline affected area.

- Nontoxic, SIRS/fever resolved.
- Ambulatory.
- Tolerating PO fluids.
- Acceptable plan for wound/infection care at home.
- Pain controlled with oral pain meds.
- Visible improvement may take 48 hours from initiation of antibiotics.

Empiric IV Antibiotics

Adults

- Cefazolin 1-2 g IV Q8h
- If severe allergy, clindamycin 600 mg IV Q8h

Children

- Cefazolin 17 mg/kg IV Q8h
- If severe allergy, clindamycin 10-13 mg/kg IV Q8h

Outside Bethel

- · Village clinic: ceftriaxone IM
- Subregional clinic: cefazolin IV as above. If unavailable. ceftriaxone.

Empiric Oral Antibiotics

<u>Adults</u>

- Cephalexin 1000 mg PO TID
- If severe allergy, clindamycin 300 mg PO TID Duration 5 days.

Children

- Cephalexin 17 mg/kg PO TID (max 4 g/day) OR
- If severe allergy, clindamycin 10-13 mg/kg PO TID (max 450 mg/dose)

Duration 7-14 days.

Antibiotic Considerations

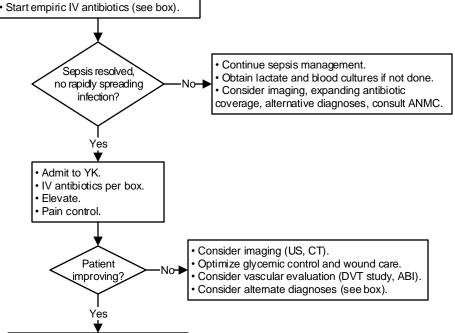
- Was there a <u>human or animal bite</u>? Use ampicillin/ sulbactam IV or Augmentin PO, 7-14 days.
- Was there a fish hook/marine injury? Use Augmentin PLUS doxycycline, 7-10 days.
- Is this actually <u>mastitis or periorbital cellulitis</u>?
 Don't follow this guideline; refer to online references or consult.

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Important Clinical Considerations

Overlying <u>surgical site</u>? Contact surgeon.

· Transition to oral antibiotics.

7-14 days for children.

criteria.

• Total duration 5-14 days for adults.

· Discharge when meeting outpatient

- Overlying joint? Consider septic or inflammatory arthritis. Consider XR or other workup as indicated.
- History of IV drug use? Add blood cultures.
- Chronic <u>dermatologic condition</u> (e.g. eczema, psoriasis)? Ensure outpatient follow up for appropriate disease management, biopsy if indicated.
- Evidence of <u>vascular disease</u> (e.g. absent pulses, venous stasis dermatitis)? Ensure outpatient follow up for appropriate disease management.
- Other diagnoses to consider: DVT, compartment syndrome, toxic shock syndrome, herpes zoster, contact dermatitis, drug reaction, vasculitis, erythema nodosum.