

SSTI Clinical Pathway

Common pathogens: Gram positive organisms (*Staphylococcus* and *Streptococcus* species)

Purulence: Active discharge, containing pus, abscess

MRSA risk factors: Nasal colonization, prior MRSA infection, penetrating trauma, IV drug use

Obtaining cultures

Non-Purulent:

- Cultures of blood or cutaneous aspirates, biopsies or swabs are NOT routinely recommended, unless patient meets one of the following:
 - Malignancy on chemotherapy
 - Neutropenia
 - Severe cell-mediated immunodeficiency
 - Immersion injuries
 - Animal bites

Purulent:

- If no or minimal surrounding erythema, do not culture.
- If > 2 cm abscess, erythema present, extensive disease, systemic signs of infection, sensitive area (face, hands, genitals), immunocompromised or uncontrolled diabetes, consider culture.

Duration of therapy

5 days, consider extending to 7-14 days based on severity and response to antibiotic

For patients with PCN allergy:

Cefazolin, Cefepime & Cefuroxime have a <1-2% cross reactivity risk

Non-Purulent (cellulitis/erysipelas)*—Empiric coverage for *Streptococcus* spp.

Mild

- Cephalexin
- B-lactam allergy: Clindamycin

Moderate (Systemic signs)

- Cefazolin
- B-lactam allergy: Clindamycin

Severe—life/limb threatening (ICU admission, immunocompromised)

- Emergent surgical I&D
- Vancomycin OR Linezolid PLUS
 - Pip/tazo OR ceftriaxone
 - B-lactam allergy: Aztreonam
 - For necrotizing infection ADD Clindamycin (if not receiving linezolid)

*Non-Purulent with a central area of developing abscess

Treat for both purulent and Non-purulent (time will help determine if abscess will develop, warm compress, elevation, return visit to re-evaluate)

Purulent (furuncle/carbuncle/abscess OR MRSA risk factors)—Empiric coverage for MRSA

Mild

Incision & drainage alone

Moderate (Abscess with associated redness/tenderness AND/OR systemic signs)

- Incision and drainage
Culture and sensitivity
- TMP/SMX DS
 - Doxycycline

Severe (Failed I&D + oral antibiotics OR hospitalized with systemic signs of infection)

- Emergent surgical I&D
Culture and sensitivity
- Vancomycin
 - Linezolid
 - B-lactam allergy: Clindamycin

Oral step-down therapy

Strep spp. culture (+)

- Amoxicillin
- Cephalexin

B-lactam allergy:

- Clindamycin

Step-down from Cefazolin/MSSA (+)

- Cephalexin
- Amoxicillin-Clavulanate

B-lactam allergy:

- TMP/SMX DS
- Doxycycline

Step-down from Linezolid/
Vancomycin or MRSA (+)

- TMP/SMX DS
- Doxycycline