



Suspected skin/soft tissue infection in children ≥ 2 months old

CELLULITIS

Non-Purulent

Cephalexin
15mg/kg/dose TID x 5 days
MAX dose = 500mg TID

Discharge home and follow-up with PCP in 2-3 days

ABSCESS

SMALL
< 1cm
No Cellulitis

LMX and Incision and Drainage as needed

D/C home
No Antibiotics
Follow-up with PCP in 2-3 days

SMALL
<1cm with cellulitis

LMX and Incision and Drainage as needed

Routine Labs are NOT necessary

Empiric Treatment²
Clindamycin or TMP/SMX (Bactrim)

Discharge Home

Loop/Drain used for drainage:
Follow-up with PCP in 5-7 days for removal

Wound left open:
Follow-up with PCP in 3 days for wound check

MEDIUM to LARGE
 ≥ 1 cm

- LMX
- Incision & Drainage
- Consider Pain/Sedation Management

Send Wound Culture¹

Inclusion Criteria

- ≥ 2 months old
- Abscess: A confined/fluctuant purulent collection of fluid (may or may not be draining) with localized pain, redness, swelling and warmth
- Cellulitis: Bacterial infection of skin and subcutaneous tissue with redness, pain, and warmth

Exclusion Criteria

- Hospital-acquired, surgical site & device-associated infections
- Presumed necrotizing fasciitis
- Immunodeficiency/Immunocompromised
- Pressure ulcers
- Diabetes
- Ill appearing patient
- Age < 2 months
- Rapidly progressing cellulitis

The following soft tissue infections are excluded from the Guideline. Consider obtaining a subspecialist consult.

- Breast abscess
- Deep Extremity Infection
- Deep Puncture wound of hand/fingers/feet
- Facial cellulitis
- Groin
- Large or complex abscess
- Bite related cellulitis
- Purulent Neck Lymphadenitis
- Mastitis
- Orbital/periorbital abscess
- Perineal abscess
- Perianal/perirectal abscess
- Pilonidal cyst
- Solitary dental abscess
- Severe rapidly progressive Cellulitis

¹Wound Culture

- Wound Cultures are followed by the Transfer Center. If the culture is not sensitive to the prescribed antibiotic, the Call Back Center notifies the ED physician to assess and determine the need to change antibiotic.

²Empiric Treatment for Abscess

First SSTI:
Bactrim (TMP/SMX): 5mg TMP/kg/dose BID x 7 days
Max dose is 320mg TMP (or 2 double strength tablets BID)
OR
Clindamycin 10mg/kg/dose TID x 7 days
MAX dose = 600mg TID
Recurrent: Clindamycin 10mg/kg/dose TID x 7 days MAX dose = 600mg TID

Admission Criteria:

- Patient is < 2months (consider admission if < 6 months)
- Consider admission if abscess is > 5cm
- Failed oral antibiotics (worse after 48hrs, emesis or inability to tolerate oral antibiotic, adverse reaction)
- Need IV Vancomycin (based on past sensitivities, signs of sepsis or shock; refer to ED Sepsis Guideline)
- Rapidly progressing lesion or significant/unrelieved pain