The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

**VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE**

**Management of Hospitalized Adults with Uncomplicated Cellulitis**

The following are not routinely indicated for the initial management of uncomplicated SSTIs:
- **ESR**
- **CRP**
- **Plain films**
- **CT or MRI**

**Cellulitis +/- Cutaneous abscess**

**Concern for necrotizing skin and soft tissue infection?**
- Yes
  - Obtain immediate surgical consultation
- No

**Complicating risk factors present?**
- Yes
  - Diabetic foot infections
  - Surgical wound
  - Periorbital or orbital cellulitis
  - Sepsis
  - Indwelling medical device
  - Perirectal abscess or cellulitis
  - Bacteremia
  - Human or animal bite
  - Burns
  - Severe Immunosuppression (e.g., organ transplant, neutropenia)
  - Consider ID consultation
- No

**Uncomplicated cutaneous abscess with surrounding cellulitis (Suspected Pathogen: S. aureus)**

- **I&D*** send purulent material for gram stain and bacterial culture
- **Blood cultures only if signs of systemic toxicity**
- **Start : Vancomycin OR Doxycycline OR Trimethoprim/sulfamethoxazole**
- **Mark and elevate affected area**
- Adequate clinical response in 72 hours?
  - Yes
    - Ensure adequate drainage
    - Tailor antibiotic therapy based on culture
    - Transition to oral therapy
    - Possible oral agents may include:
      - Trimethoprim/sulfamethoxazole
      - Doxycycline
      - Clindamycin
    - Total duration: 7 days (5 days or less if well-drained) or until clinical improvement
  - No
    - Consult Infectious Diseases Services

**Uncomplicated cellulitis (Suspected Pathogen: Streptococci)**

- **Wound swab culture not indicated**
- **Blood cultures only if signs of systemic toxicity**
- **Start: Cefazolin OR Penicillin OR Clindamycin (in. Penicillin allergy)**
- **Mark and elevate affected area**
- **Appropriate therapy for underlying condition that may predispose to cellulitis**
- Adequate clinical response in 72 hours?
  - Yes
    - Transition to oral therapy
    - Possible oral agents if no microbiology data:
      - Penicillin
      - Cephalexin
      - Doxycycline
      - Clindamycin
    - Total duration: 7 days or until clinical improvement
  - No

* Incision and drainage should be considered the primary therapy for cutaneous abscess, may not need to send for culture/sensitivity if no significant cellulitis or complicating factors
† If not systemically ill, no surrounding cellulitis and abscess less than 5cm, antibiotics may not be necessary
‡ Trimethoprim/sulfamethoxazole is a reasonable option if not systemically ill and if this agent was not previously used for this infection
§ Plain films should be considered if concern for fracture, gas or foreign body

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Adapted from IDSA, Baystate Medical Center and John Hopkins Clinical Practice Guidelines