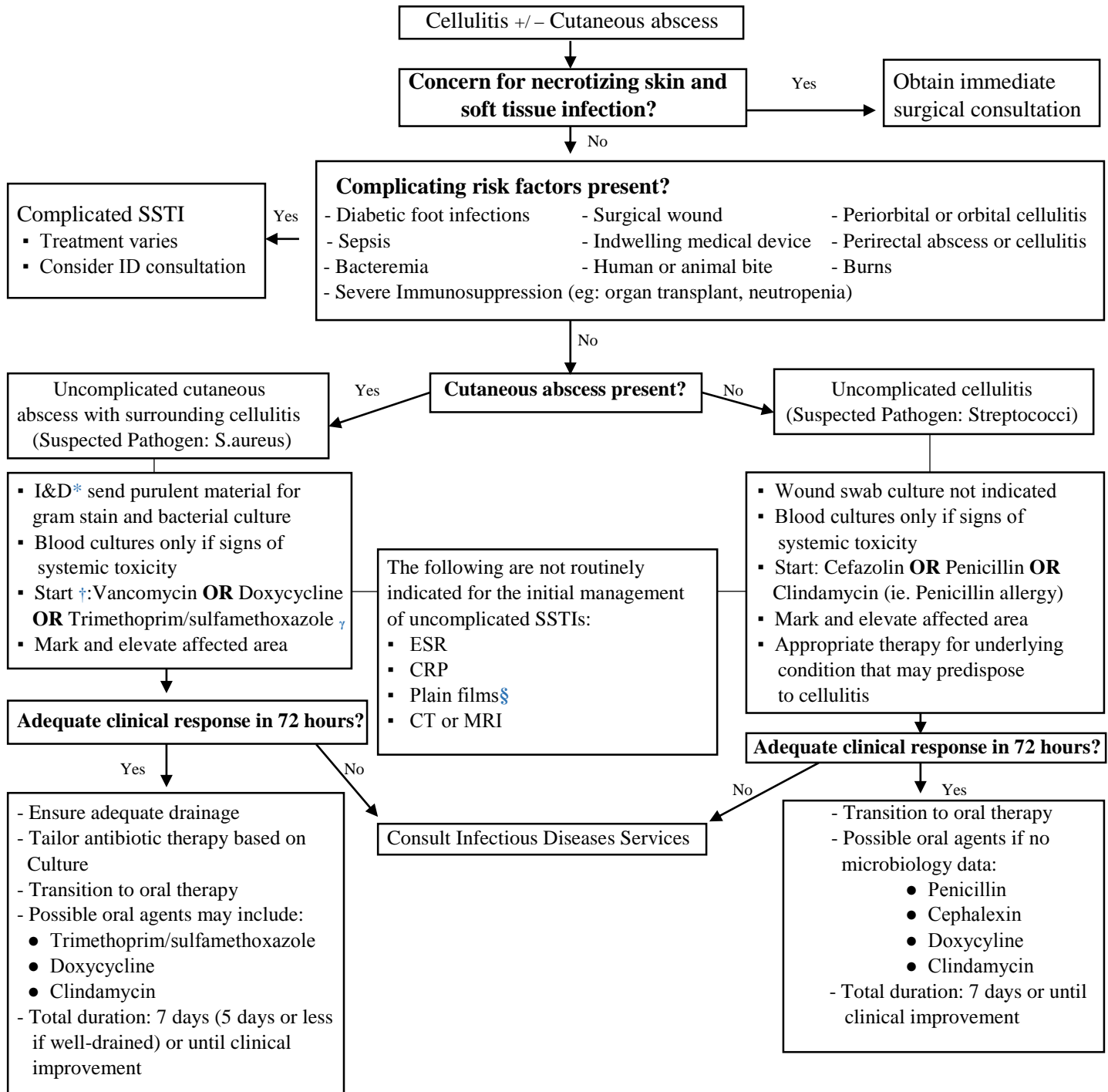


VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE

Management of Hospitalized Adults with Uncomplicated Cellulitis

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.



* 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

Approval:

Antimicrobial Stewardship Committee: 03/2017

MEC: 04/2017, Oversight: 05/2017

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