Non-Toxic Patient Presents with concern of Skin & Soft Tissue Infection

*Labs and imaging NOT routinely indicated*

Is skin area SUPPURATIVE (fluctuant/draining or abscess suspected) OR NON-SUPPURATIVE (indurated but not fluctuant/draining)?

Suppurative

Incision and drainage with gram stain and culture

Non-suppurative

Does patient meet admission criteria?

Start enteral antibiotics (consider personal/family history of MRSA)
- No MRSA history: cephalexin PO*
- MRSA History: TMP/SMX (Bactrim)*

Admit patient
Start IV antibiotics (consider personal/family history of MRSA)
- No MRSA History: cefazolin*
- History of MRSA: vancomycin*

Once cultures results return: narrow or change antimicrobial therapy if needed

Is patient improving in 48-72 hours?

Yes

No

No MRSA History: cefazolin*

History of MRSA: vancomycin*

Yes

Patient can be discharged once meets criteria:
- Tolerating PO antibiotics
- Improvement of infectious site
- Pain well controlled
Recommend PCP follow up

Manage off pathway and consider alternative diagnostic work up and Infectious Disease consult

If not improving in 48-72 hours:
- Consult to Pediatric Surgery and/or Infectious Disease through the priority line
- Ultrasound of site
- Consider CBC, CRP, and/or blood culture

Complete course of antibiotics, recommended duration is 5-7 days

Inclusion Criteria:
- ≥ 3 months

Exclusion Criteria:
- Foreign body suspected
- Immunocompromised
- Infection near a recent surgical site
- Head and neck infections
- Bite wounds
- Symptoms overlying a joint – consider

MSI Pathway Initial Evaluation

MSI Pathway Inpatient Management

Suppurative Non-suppurative

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

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Updated 02/2023
SKIN & SOFT TISSUE INFECTION PATHWAY
NON-TOXIC PATIENT

**Antibiotic Dosing Recommendations**
Consider referencing the [CHMC antibiogram](#).

<table>
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<tr>
<th>Non-Admitted Patient</th>
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| No History of MRSA   | **cephalexin PO 25mg/kg/dose three times daily**  
                      |   (max dose 1,000mg/dose) |
| History of MRSA      | **TMP/SMX (Bactrim) 4mg/kg/dose of TMP twice daily**  
                      |   (max dose 320mg of TMP/dose)  
                      | **OR** **clindamycin 13 mg/kg/dose three times daily**  
                      |   (if known susceptibilities)  
                      |   (max dose 600 mg/dose) |

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<th>Admitted Patient</th>
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| No history of MRSA   | **cefaclor IV 33.3mg/kg/dose every 8 hours**  
                      |   (max dose 2,000mg/dose) |
| History of MRSA      | **vancomycin 15mg/kg/dose every 6-8 hours**  
                      |   (max dose 1,250mg/dose) |

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