



SKIN AND SOFT TISSUE INFECTION

SUSPECTED SKIN AND SOFT TISSUE INFECTION CRITERIA

» At least 2 of the following:

- Fever (>37.9°C [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
- Unilateral redness
- Unilateral tenderness
- Unilateral warmth
- Unilateral new or increasing swelling

OR

- New or increasing purulent drainage at a wound or skin site

Reference

Loeb M, Bentley DW, Bradley S, Crossley K, Garibaldi R, Gantz N, McGeer A, Muder RR, Mylotte J, Nicolle LE, Nurse B, Paton S, Simor AE, Smith P, Strausbaugh L. Development of minimum criteria for the initiation of antibiotics in residents of long-term-care facilities: results of a consensus conference. *Infect Control Hosp Epidemiol.* 2001 Feb;22(2):120-4. doi: 10.1086/501875. PMID: 11232875..

TREATMENT

Clinical Presentation	Severity	Preferred therapy	Alternative
Non purulent (cellulitis, erysipelas)	MILD	Cephalexin PO 500 mg TID-QID X 5 days ⚡	Clindamycin PO 450 mg TID X 5 days
	MODERATE Criteria above PLUS at least one of the following: <ul style="list-style-type: none"> • Temperature >38°C • Heart rate >90 beats/minute • Respiratory rate >24 breaths/minute • WBC >12K or <4K • Immunocompromised* 	Cefazolin IV 1-2 g every 8-12 hours X 5 days ⚡	If IV not available Clindamycin PO 450 mg TID X 5 days
	SEVERE Moderate criteria AND not improving on oral therapy	Consult ID or transfer to the ED for further evaluation	





Clinical Presentation	Severity	Preferred therapy	Alternative
Purulent	MILD	Incision and Drainage (I&D)	
	MODERATE Criteria above PLUS at least one of the following: <ul style="list-style-type: none"> • Temperature >38°C • Heart rate >90 beats/minute • Respiratory rate >24 breaths/minute • WBC >12K or <4K cells/μL • Immunocompromised 	I&D (send for culture if feasible) Empiric therapy should include MRSA coverage: TMP-SMX DS 1 to 2 tablets BID X 5-7 days If wound culture shows MSSA: Cephalexin 500 mg QID X 5-7 days	Empiric therapy should include MRSA coverage: Doxycycline 100 mg BID X 5-7 days If wound culture shows MSSA: Dicloxacillin 500 mg QID X 5-7 days
	SEVERE Moderate criteria PLUS at least one of the following: <ul style="list-style-type: none"> • Failed I&D or I&D not performed • Worsening on oral antibiotic 	Transfer to the ED for further evaluation	

⚠ Patients with type I penicillin hypersensitivities (including anaphylaxis) can safely receive cefazolin/cephalexin.

For more information on penicillin allergies please see Beta-Lactam Allergy Evaluation Toolkit at https://infectioncontrolma.org/docs/Beta_Lactam_Allergy_Eval_2024.pdf

*Immunocompromised = SOT, HSCT or CAR-T, immunomodulator therapy, >10 mg of corticosteroids for 3 months

Stevens DL, Bisno AL, Chambers HF, Dellinger EP, Goldstein EJ, Gorbach SL, Hirschmann JV, Kaplan SL, Montoya JG, Wade JC; Infectious Diseases Society of America. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. *Clin Infect Dis.* 2014 Jul 15;59(2):e10-52. doi: 10.1093/cid/ciu444. Erratum in: *Clin Infect Dis.* 2015 May 1;60(9):1448. Dosage error in article text. PMID: 24973422.

