



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 mo.
- Rapidly progressing cellulitis
- Abscess > 5cm

***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 BIDX 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

Transfer Criteria

- Failed oral antibiotics (worse after 48hrs, emesis or inability to tolerate oral antibiotic, adverse reaction)
- Rapidly progressing lesion or significant/unrelieved pain

**If the abscess is ≥ 1cm and ≤ 5cm and dependent on patient's age, it is at the discretion of the physician to drain the abscess in the UC. However in such cases, it is strongly recommended to provide additional sedation.*