

Cellulitis/Skin Abscess Care Guideline

Inclusion Criteria: Previously healthy children hospitalized with skin and soft tissue infection (cutaneous abscess, furuncle, carbuncle, cellulitis) due to either severity or failure to respond to outpatient treatment

Exclusion Criteria: PICU status, infants < 90 days of age, immune-compromised host, complicated infection (e.g. necrotizing fasciitis, toxic shock syndrome), infections involving other sites (e.g. eye, face, neck, peri-rectal region, bone, joint, etc), bite wounds

Assessment

- Thorough history & physical including trauma, insect bites, previous skin infection, similar infection in close contacts, recent antimicrobial therapy
- Cardiorespiratory status, hemodynamic stability, severity of infection
- Wound assessment (description, size, depth); outline wound if possible

Treatment

- CBC, CRP, blood culture (if not done previously)
- Obtain wound culture when possible
- Consider MRSA surveillance culture if wound culture not possible
- Surgical drainage when indicated
- Contact precautions

Antibiotics

- Cefazolin 33.3 mg/kg IV q8 hr (<60 kg); 2,000 mg IV q8 hr (>60 kg or severe infection) (Max: 6 gm/day)

AND/OR

- Clindamycin 10 mg/kg/dose IV q6hr (<60kg); 600 mg IV q 6hr (>60kg) (Max: 4.8 gm/day)

Monotherapy is preferred. Use clindamycin if history of/or + MRSA, recurrent boils, or more complex abscess.

Continued Considerations

- Adjust antibiotics based on culture results and clinical course
- Re-evaluate if worsening symptoms or persistent fever
- If no clinical improvement, consider alternative MRSA coverage and ID Consult
- Wound care teaching (if applicable)

Discharge Criteria

- Significant clinical improvement
- Diet tolerated & adequately hydrated
- Vital signs stable
- Teaching completed
- Follow up care coordinated

Recommendations/ Considerations

- The most common pathogens seen are *Staphylococcus aureus* (including MRSA) & *Streptococcus pyogenes*.
- Cellulitis associated with furuncles, carbuncles, or abscesses is usually caused by *S. aureus*.
- Cellulitis that is diffuse or without a defined portal is most commonly caused by *S. pyogenes*.
- Risk factors for community-acquired MRSA in children include: previous history of boils/abscesses in patient or close contact, underlying medical conditions, crowded conditions/daycare centers, contact sports
- Treatment is based on clinical factors, local susceptibility patterns, & severity of infection
- Consider elevation of affected part and/or warm compresses on a case-by-case basis
- Antibiotic duration is usually 7-14 days – depending on severity or clinical response

Patient/Family Education

Handouts:

- Cellulitis/Skin Abscess (located on PAWS)
- A Parent's Guide to MRSA in California – **if MRSA confirmed** (located on PAWS)

References

Cellulitis Care Guideline

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