

**MANAGEMENT OF MILD/MODERATE SKIN AND SOFT TISSUE INFECTIONS,**  
**Including Methicillin-resistant *Staphylococcus aureus***  
**Providence HealthCare Emergency Department Pathway (September 2010)**

FOR SEVERE OR LIFE-THREATENING INFECTIONS, REFER TO PHC SEPSIS PATHWAY  
 Diabetic foot ulcer infections are not included in this pathway  
 Consider Tetanus Status

**What type of skin/soft tissue infection?**

**SIMPLE CELLULITIS**

**ABSCESS, WOUND +/- CELLULITIS**

**BITE (cat, dog, human)**

**MILD INFECTION:**  
 (Pts with no signs of systemic illness, no uncontrolled comorbidities<sup>1</sup>)

- ∞ Cephalexin 500 mg PO QID
- ∞ **PENICILLIN ALLERGY\*:**
  - Clindamycin 300-450mg PO TID<sup>3</sup>
  - OR
  - Moxifloxacin 400mg PO Daily

**Refer to ED Pathway for suspected MRSA infection (see Page 2)**

**Oral Therapy:**

- ∞ Amoxicillin-clavulanate 500/125 mg PO TID
- ∞ **PENICILLIN ALLERGY\*:**
  - **CATS:** Doxycycline 100 mg PO BID
  - **DOGS & HUMANS:** Clindamycin 600 mg PO TID + Ciprofloxacin 500 mg PO BID

**IV Therapy:**

- ∞ Ceftriaxone 2 g IV daily + Metronidazole 500 mg PO BID

**MODERATE INFECTION:**  
 (Systemically ill, or well with controlled comorbidities<sup>1</sup>)

- ∞ Cefazolin 2 g IV daily + Probenecid 1g PO daily given 30 min prior to IV Cefazolin
- ∞ **PENICILLIN ALLERGY\*:**
  - Moxifloxacin 400mg PO daily
  - OR Clindamycin 450mg PO TID<sup>3</sup>

**Re-assess daily for PO stepdown:**

- (A positive response includes: resolution of fever, no progression of affected area<sup>2</sup>, improved local pain)
- ∞ Cephalexin 500mg PO QID
  - ∞ Consider Infectious Disease Consult if failure to improve after 3 days

\*Significant penicillin allergy only (e.g..anaphylaxis)

<sup>1</sup>Comorbidities include DM, PVD, chronic venous insufficiency. Eron et al J. Antimicrob Chemotherapy. 2003; 52, S1: 1-17.

<sup>2</sup> Note: there may be an increase in erythema in first 24-48hrs of therapy

<sup>3</sup> Note: Susceptibility testing from regional laboratories indicates Group A Streptococcus Resistance for Clindamycin and Doxycycline at 20 - 40% for Skin and Soft tissue infections and Invasive Group A Streptococci. MDS Laboratories Antibioqram 2005, PHC Laboratory 2006-2007, VGH Laboratory 2006-2007 LGH Laboratory 2007

**Methicillin-Resistant *Staphylococcus aureus* (MRSA) Skin and Soft Tissue Infections**  
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