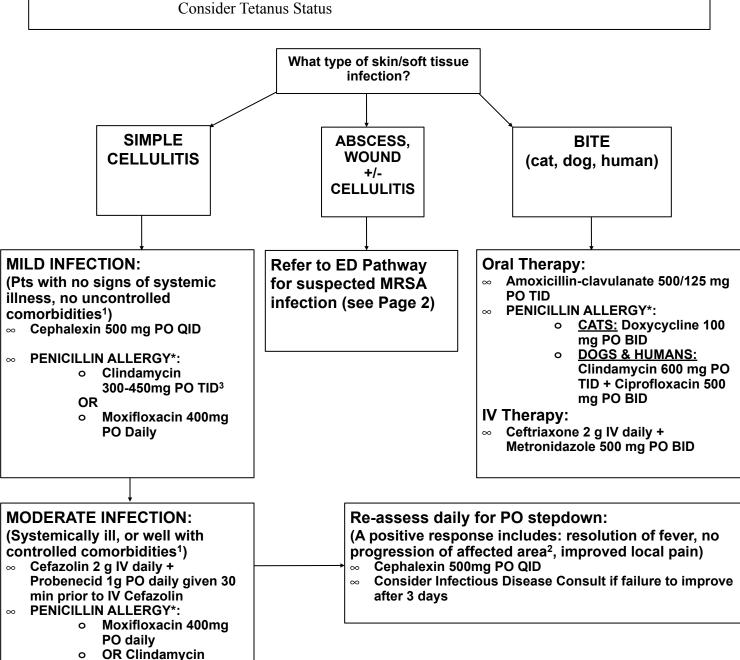
MANAGEMENT OF MILD/MODERATE SKIN AND SOFT TISSUE INFECTIONS,

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



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

450mg PO TÍD³

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

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

³ Note: Susceptibility testing from regional laboratories indicates Group A Streptococcus Resistance for Clindamycin and Doxycyline at 20 - 40% for Skin and Soft tissue infectons and Invasive Group A Streptococci. MDS Laboratories Antibiogram 2005, PHC Laboratory 2006-2007, VGH Laboratory 2006-2007 LGH Laboratory 2007

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

Providence Health Care Emergency Department Pathway (September 2010)

FOR SEVERE OR LIFE-THREATENING INFECTIONS, REFER TO PHC SEPSIS PATHWAY Clinical Presentation Compatible with Clinical Presentation unlikely CA-MRSA Community-Associated MRSA (CA- Simple/Isolated cellulitis MRSA) Folliculitis, pustular lesions ∞ Furuncles/carbuncles Abscess Follow PHC ED Pathway for Management of Mild/ Infected wound with surrounding **Moderate Skin and Soft Tissue Infection** cellulitis See Page 1 Patient reports 'insect/spider bite' Cephalexin or Cefazolin preferred initially without additional CA-MRSA empiric coverage **INITIAL MANAGEMENT** INCISION AND DRAINAGE OF ALL ABSCESSES/FURUNCLES Culture and susceptibility testing of purulent material Follow Routine Infection Control Precautions ("Contact Precautions")

Outpatient Management of Mild/Moderate Infections

- ∞ Hot soaks, rest, elevation
- - Based on severity, size, location, rapidity of onset, presence of abcess, surrounding cellulitis, comorbidities and response to drainage of abcess alone

CA-MRSA Empiric Treatment¹ (NON-PREGNANT ADULTS ONLY):

- TMP/SMX 2 DS Tabs PO BID OR
- Doxycycline 100mg PO BID
- Adjust antibiotics based on culture and susceptibilities:
 - Cephalexin preferred for GAS/MSSA
 - GAS Resistant to TMP/SMX
 - GAS 40% Resistant to Doxycycline (PHC/Regional Data)
- Monitor response: if deterioration assess need for admission and intravenous vancomycin.
- NOTE: for recurrent/severe CA-MRSA infection consult Infectious Diseases: Dual antibiotic coverage may be considered.

Risk Factors for CA-MRSA:

- ∞ Aboriginal
- ∞ Men who have sex with men
- NOTE: Many Persons are not in these risk categories – the absence of risk factors does not rule out CA-MRSA (Miller CID 2007: 44: 471-82)

Patient Education

- ∞ Keep wound covered with clean, dry dressings
- Do Not share towels or other personal hygiene items
- Patient Information Pamphlet available at http://vch.eduhealth.ca Catalogue No. FG.520.M566