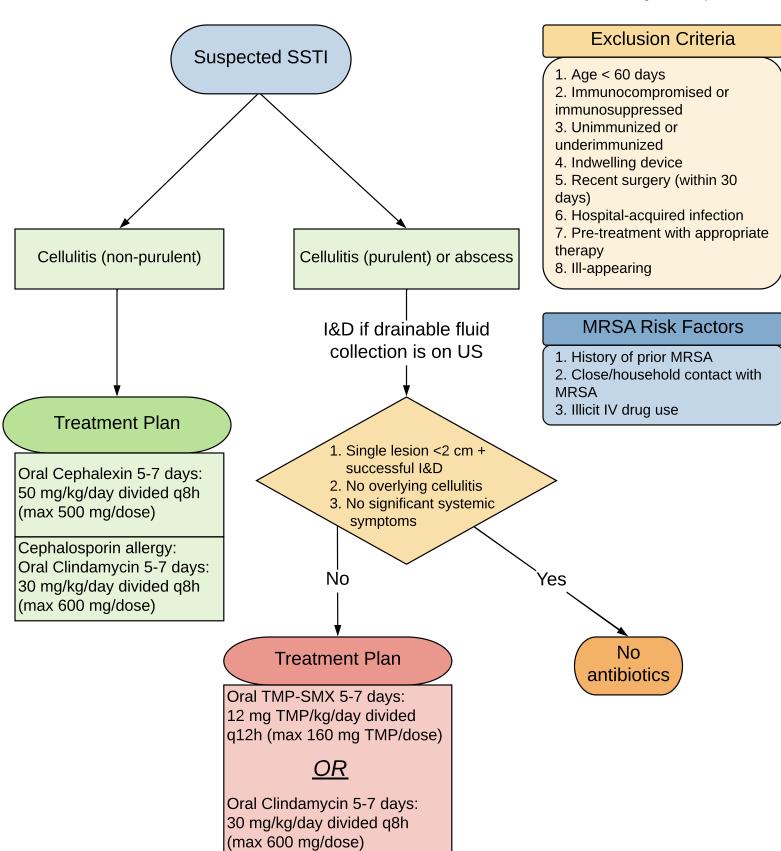
# Skin & Soft Tissue Infection (SSTI) Pathway





# Skin and soft tissue infection pathway Source Document

### **Intended Population**:

Children ≥ 60 days of age with suspicion for SSTI

#### Not intended for:

Immunocompromised or immunosuppressed
Unimmunized or underimmunized
Indwelling device
Recent surgery (within last 30 days)
Hospital-acquired infection
Pre-treatment with appropriate therapy
Ill-appearing

## **SSTI Diagnosis Recommendations:**

For cellulitis, blood cultures and cutaneous swabs are not routinely recommended.<sup>1-2</sup> For abscesses, gram stain and culture with susceptibility testing is recommended.<sup>3</sup> Ultrasound may be helpful in identifying a drainable fluid collection.<sup>3</sup>

#### **SSTI Treatment Recommendations:**

Antibiotic duration should be 5-7 days.<sup>4-7</sup>

Cephalexin should be first line treatment for cellulitis.<sup>5-7</sup>

If there is a strong suspicion for MRSA, consider treating with TMP-SMX. 5-8

Cephalexin: 68% of S. aureus at Duke are susceptible (100% MSSA isolates, 0% of MRSA isolates)

Clindamycin: 80% of S. aureus at Duke are susceptible (81% of MSSA, 78% of MRSA)

TMP-SMX: 99% of S. aureus at Duke are susceptible (99% of MSSA, 98% of MRSA)

#### References

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