Skin & Soft Tissue Infection (SSTI) Pathway

Duke Pediatrics Quality Program
Clinical Pathway Development

Suspected SSTI

Cellulitis (non-purulent)

Cellulitis (purulent) or abscess

I&D if drainable fluid collection is on US

Treatment Plan

Oral Cephalexin 5-7 days:
50 mg/kg/day divided q8h
(max 500 mg/dose)

Cephalosporin allergy:
Oral Clindamycin 5-7 days:
30 mg/kg/day divided q8h
(max 600 mg/dose)

1. Single lesion <2 cm + successful I&D
2. No overlying cellulitis
3. No significant systemic symptoms

No

Yes

Treatment Plan

Oral TMP-SMX 5-7 days:
12 mg TMP/kg/day divided q12h (max 160 mg TMP/dose)

OR

Oral Clindamycin 5-7 days:
30 mg/kg/day divided q8h
(max 600 mg/dose)

No antibiotics

Exclusion Criteria

1. Age < 60 days
2. Immunocompromised or immunosuppressed
3. Unimmunized or underimmunized
4. Indwelling device
5. Recent surgery (within 30 days)
6. Hospital-acquired infection
7. Pre-treatment with appropriate therapy
8. Ill-appearing

MRSA Risk Factors

1. History of prior MRSA
2. Close/household contact with MRSA
3. Illicit IV drug use

Guideline developed by the Quality Review Board, Department of Pediatrics, Duke University: Revised 5/17/21

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.[1-2]
For abscesses, gram stain and culture with susceptibility testing is recommended.[3]
Ultrasound may be helpful in identifying a drainable fluid collection.[3]

SSTI Treatment Recommendations:

Antibiotic duration should be 5-7 days.[4-7]
Cephalexin should be first line treatment for cellulitis.[5-7]
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)

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