

## Cellulitis Treatment Guidelines

### Nonpurulent Cellulitis

(eg, cellulitis with no purulent drainage or exudate and no associated abscess)

Organisms: beta-hemolytic streptococci and MSSA.

Treat empirically with **cefazolin IV**.

Limit vancomycin IV to patients with MRSA risk factors or patients with severe beta-lactam allergies.

**Oral Step Down:** Cephalexin 500 mg PO QID, Augmentin 875mg PO BID, Bactrim 1-2 DS tablets PO BID, Clindamycin 300mg PO TID.

#### MRSA Risk Factors:

- Systemic signs of toxicity (eg, fever >100.5°F/38°C, hypotension, or sustained tachycardia)
- Prior episode of MRSA infection or known MRSA colonization
- Lack of clinical response to antibiotic regimen that does not include activity against MRSA
- Presence of risk factor(s) for MRSA infection (including recent hospitalization, residence in a long-term care facility, recent surgery, hemodialysis, and HIV infection)
- Proximity of the lesion to an indwelling medical device (eg, prosthetic joint or vascular graft)

**Note: A deepening of erythema may be observed following initiation of antimicrobial therapy. This may be due to destruction of pathogens that release enzymes increasing local inflammation and should not be mistaken for therapeutic failure.**

### Purulent Cellulitis

Patients with drainable abscess should undergo incision and drainage

Organisms: MRSA and MSSA

Treat empirically with **vancomycin IV**

**Oral Step Down:** Doxycycline 100mg PO BID, Bactrim 1-2 DS tablets PO BID, Clindamycin 300mg PO TID.

### Sepsis, Diabetic Foot Infections, Necrosis, or Gangrene

Organisms: Streptococci, MSSA, MRSA (if risk factors present), aerobic gram negative bacilli and anaerobes.

Treat empirically with broad coverage:

**Piperacillin/tazobactam IV +/- vancomycin IV**

**Severe Beta-Lactam allergy: Meropenem IV +/- vancomycin IV**

**Treatment Duration is usually 5-7 days, some patients may need up to 2-4 weeks.**

#### References:

Spelman, D., & Baddour, L. (2018). Cellulitis and skin abscess in adults: Treatment. In D.J. Sexton (Ed.) *UpToDate*. Retrieved May 1, 2018 from <https://www.uptodate.com/contents/cellulitis-and-skin-abscess-in-adults-treatment>

Weintrob, A., & Sexton, D. (2018). Clinical manifestations, diagnosis, and management of diabetic infections of the lower extremities. In S.B. Calderwood (Ed.), *UpToDate*. Retrieved May 1, 2018 from <https://www.uptodate.com/contents/clinical-manifestations-diagnosis-and-management-of-diabetic-infections-of-the-lower-extremities>