Supplementary Online Content


**eFigure.** Guideline for the management of adults hospitalized with cellulitis or cutaneous abscesses.

This supplementary material has been provided by the authors to give readers additional information about their work.
Guideline for the Management of Adults Hospitalized with Cellulitis or Cutaneous Abscess

Cellulitis and/or soft tissue abscesses requiring hospitalization

If clinical concern for necrotizing fasciitis, calculate LRINEC score\(^1\) and obtain immediate surgical consultation

Complicating risk factor present?
- Diabetic ulcer, other chronic ulcer
- Chronic venous stasis
- Peripheral arterial disease
- ICU admission or severe sepsis
- Bacteremia
- Deep tissue infection (including necrotizing fasciitis)
- Surgical wound
- Indwelling medical device
- Hospitalization or long term care within 90 days
- Need for fascial biopsy
- Recurrent cellulitis
- Human or animal bite
- Perirectal abscess or cellulitis
- Periorbital or orbital cellulitis

No

Subcutaneous abscess present? (perform bedside ultrasound and/or needle aspiration if uncertain)

Yes

Uncomplicated subcutaneous abscess
- I&D, send purulent material for gram stain/bacterial culture

The following are not routinely indicated for the initial management of uncomplicated SSTIs:
- ESR
- CRP (for LRINEC calculation only)
- Blood cultures
- Wound swab, fungal, or AFB cultures
- Plain films
- CT or MRI
- Gram-negative and anaerobic antimicrobial coverage

- Plain film if clinical concern for foreign body
- Blood cultures if immunosuppressive disorder (including diabetes mellitus) or temperature \( >38.3 \)\(^\circ\)C
- Start:
  - Vancomycin 1gm IV Q12hrs\(^1\)
  - Ibuprofen 600mg PO Q8hrs if no contraindication to NSAIDs
  - Elevate affected area

Inadequate clinical response in 48-72 hours
- Consult Infectious Diseases service

Good clinical response in 48-72 hours
- Ensure adequate drainage
- Tailor antibiotic therapy based on culture results
- Convert to oral therapy

Complicated SSTI
- Treatment varies
- Consider ID consultation

No

Uncomplicated cellulitis
- Wound swab culture not indicated

Footnotes:
1. Crit Care Med 2004; 32:1535-1541
2. Doses based on normal renal function; assess for drug allergy; select appropriate agent based on susceptibility testing when culture data available
3. Consider meticillin or cefazolin (monotherapy) for uncomplicated cellulitis in the absence of IDU, DM, ESRD, HIV, prior MRSA infection, or report of spider bite
4. Bactrim may lack sufficient coverage against group A streptococci, therefore not preferred for uncomplicated cellulitis
5. Duration of therapy may be extended for severe or poorly responsive disease

Suggested empiric oral therapy when cultures negative:
- Doxycycline 100mg PO BID (preferred)
- Clindamycin 300-600mg PO TID
- Bactrim DS 1-2 tabs PO BID

Total duration of therapy: 7 days\(^1\)
(5 days if well-drained abscess without surrounding cellulitis)

Patient must return for re-evaluation if no improvement or worsening

© 2011 American Medical Association. All rights reserved.