Cellulitis and/or soft tissue abscess requiring hospitalization.

If clinical concern for necrotizing fasciitis obtain immediate surgical consult:
- Failure to respond to initial antibiotic treatment
- Edema extending beyond the area of erythema
- Hard/wooden feel of subcutaneous tissue
- Skin necrosis or ecchymoses
- Severe pain
- Systemic toxicity
- Bullous lesions
- Crepitus

Are complicating risk factors present?
- Infected diabetic ulcer / Vascular Ulcer
- Concern for necrotizing fasciitis
- Deep tissue infection
- Surgical site infection
- Pregnancy
- Critical Illness
- Human or animal bite
- Periorbital/orbital cellulitis
- Perineal/vulvar/perianal infection
- Bacteremia

Complicated SSTI
- Treatment Varies
- Consider ID consultation

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

Yes
No

Cutaneous abscess

Purulent drainage or exudates or history of MRSA?

Yes
No

Purulent cellulitis

Non-purulent cellulitis

Treatment:
- I&D (Note: culture purulence)
- Antibiotics:
- IV Vancomycin
- Elevate affected area

Diagnostic studies:
- Blood cultures if:
  - Systemic illness
  - Diabetic
  - Immunosuppression
- Culture of purulence (NOT superficial wound)

Clinically responding in 48-72 hours?

Yes
No

Clinically responding in 48-72 hours?

Yes
No

Duration of therapy: 5-7 days
- 5 day duration is sufficient for responding cellulitis and well-drained abscess without surrounding cellulitis.
- Extended durations may be necessary for severe or slowly responsive disease.