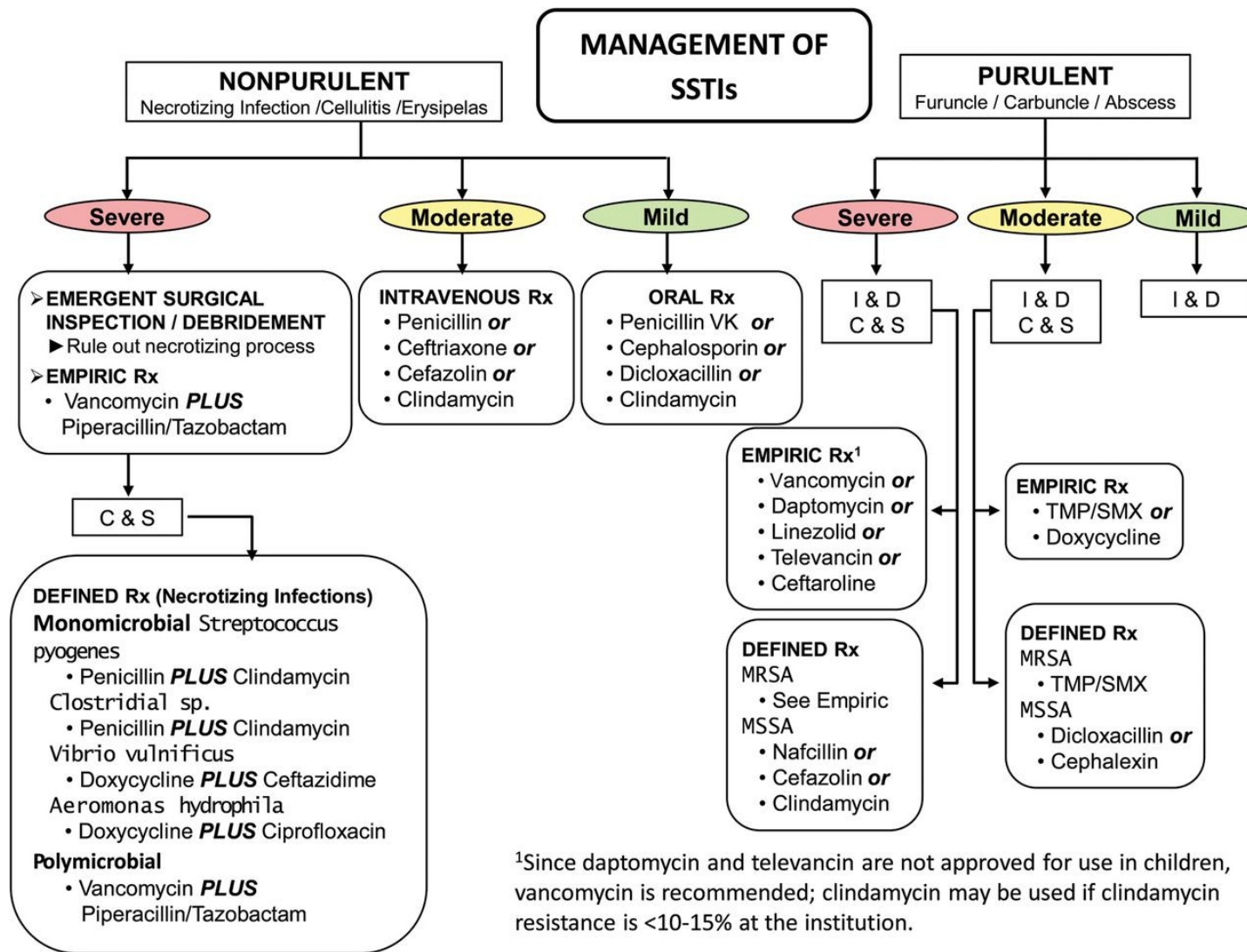


# Purulent Skin and Soft Tissue Infections



<sup>1</sup>Since daptomycin and televancin are not approved for use in children, vancomycin is recommended; clindamycin may be used if clindamycin resistance is <10-15% at the institution.

Purulent skin and soft tissue infections (SSTIs). Mild infection: for purulent SSTI, incision and drainage is indicated. Moderate infection: patients with purulent infection with systemic signs of infection. Severe infection: patients who have failed incision and drainage plus oral antibiotics or those with systemic signs of infection such as temperature >38°C, tachycardia (heart rate >90 beats per minute), tachypnea (respiratory rate >24 breaths per minute) or abnormal white blood cell count (<12 000 or <400 cells/ $\mu$ L), or immunocompromised patients. Nonpurulent SSTIs. Mild infection: typical cellulitis/ erysipelas with no focus of purulence. Moderate infection: typical cellulitis/erysipelas with systemic signs of infection. Severe infection: patients who have failed oral antibiotic treatment or those with systemic signs of infection (as defined above under purulent infection), or those who are immunocompromised, or those with clinical signs of deeper infection such as bullae, skin sloughing, hypotension, or evidence of organ dysfunction. Two newer agents, tedizolid and dalbavancin, are also effective agents in SSTIs, including those caused by methicillin-resistant *Staphylococcus aureus*, and may be approved for this indication by June 2014.

C & S: culture and sensitivity; I & D: incision and drainage; MRSA: methicillin-resistant *Staphylococcus aureus*; MSSA: methicillin-susceptible *Staphylococcus aureus*;

Rx: treatment; TMP/SMX: trimethoprim-sulfamethoxazole

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