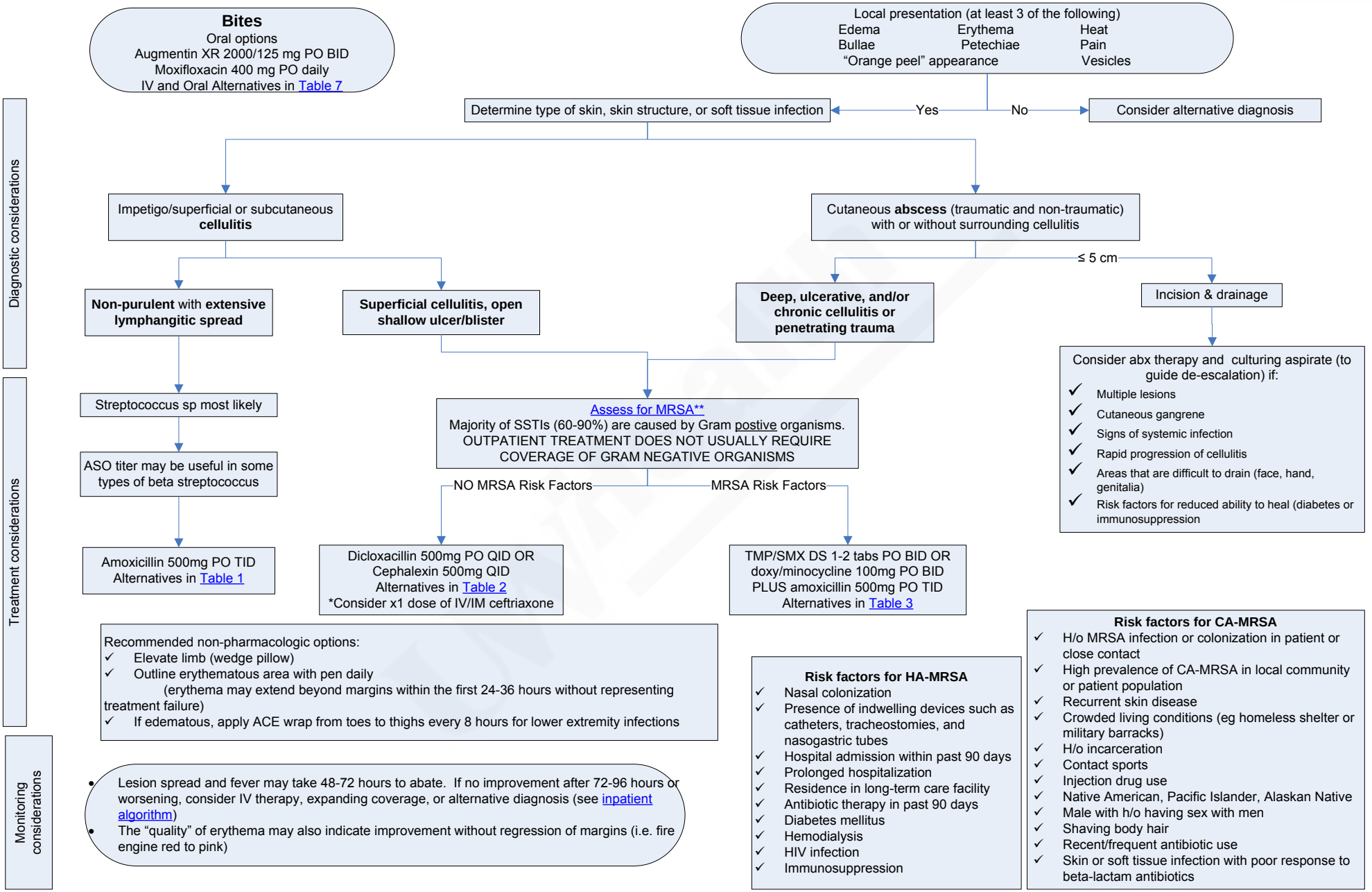
Reference: Skin, Skin Structure, and Soft Tissue Infection Diagnosis and Treatment – Adult – Inpatient/Ambulatory Guideline

Figure 1. Outpatient Management of Skin and Soft Tissue Infections



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** Risk Factors for Community-Acquired MRSA[29]

- H/o MRSA infection or colonization in patient or close contact
- High prevalence of CA-MRSA in local community or patient population
- Recurrent skin disease
- Crowded living conditions (e.g. homeless shelter or military barracks)
- H/o incarceration
- Contact sports
- Injection drug use
- Native American, Pacific Islander, Alaskan Native
- Male with h/o having sex with men
- Shaving body hair
- Recent/frequent antibiotic use
- Skin or soft tissue infection with poor response to beta-lactam antibiotics

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Table 1. Antimicrobial agents directed at *Streptococcus* spp. (erythematous, non-purulent SSTI with lymphangitic spreading)[A,B]

PO	IV
• Amoxicillin 500 mg PO TID[C] • Cephalexin 500 mg PO QID[C] • Clindamycin 300-450 mg PO TID-QID	• Penicillin G 4 million units IV Q4hr[C] • Cefazolin 1-2 g IV Q8hr[C] • Clindamycin 600-900 mg IV Q6-8hr

[A] Treatment for 5-7 days duration is usually sufficient depending on initial response
[B] The activity of TMP/SMX is not sufficient to recommend monotherapy treatment of *Streptococcus* spp. infection
[C] Requires renal dosing adjustment

Table 2. Antimicrobial agents directed at *Streptococcus* spp. and MSSA (abscess, fluctuance, penetrating trauma, and/or open ulcer with surrounding erythema)[A]

PO	IV
• Dicloxacillin 500 mg PO QID[B] • Cephalexin 500 mg PO QID[B] • Clindamycin 300-450 mg PO TID-QID	• Oxacillin 1-2 g IV Q4hr • Cefazolin 1-2 g IV Q8hr[B] • Clindamycin 600-900 mg IV Q6-8hr

[A] Treatment for 5-7 days duration is usually sufficient depending on initial response
[B] Requires renal dosing adjustment

Table 3. Antimicrobial agents directed at *Streptococcus* spp., MSSA, and MRSA (abscess, fluctuance, penetrating trauma, and/or open ulcer with surrounding erythema and patient has risk factors for, history of, or confirmed MRSA)

PO	IV
• Trimethoprim-sulfamethoxazole 160-800 mg to 320-1600 mg PO BID[A] **PLUS** consideration of an antimicrobial agent from *Table 1* for *Streptococcus* coverage • Doxycycline/minocycline 100 mg PO BID **PLUS** consideration of an antimicrobial agent *Table 1* for *Streptococcus* coverage • Clindamycin 300-450 mg PO TID-QID • Linezolid 600 mg PO BID	• Vancomycin IV[A] (goal trough concentration 10-15 mcg/mL) • Clindamycin 600-900 mg IV Q6-8hr • Ceftaroline 600 mg IV Q12hr[A] • Daptomycin 4 mg/kg IV Q24hr[A] • Linezolid 600 mg IV Q12hr • Oritavancin 1200 mg IV once

[A] Requires renal dosing adjustment

Table 7. Antimicrobial agents for skin infections caused by animal or human bites[A,B]

PO	IV
• Augmentin XR 2000-125 mg PO BID[C,D] • Moxifloxacin 400 mg PO daily • (Cefuroxime 500 mg PO BID[D] OR Cefpodoxime 400 mg PO BID[D] OR Trimethoprim-sulfamethoxazole 160-800 mg to 320-1600 mg PO BID[D] OR Doxycycline 100 mg PO BID OR Ciprofloxacin 500 mg PO BID[D]) **PLUS** (Clindamycin 300-450 mg PO TID-QID OR Metronidazole 500 mg PO TID)	• Ampicillin-sulbactam 1.5-3 g IV Q6hr[D] • Cefoxitin 2 g IV Q6hr[D] • (Ceftriaxone 1-2 g IV Q24hr OR Ciprofloxacin 400 mg IV Q12hr[E]) **PLUS** (Metronidazole 500 mg IV Q8hr OR Clindamycin 600-900 mg IV Q6-8hr) • Ertapenem 1 g IV Q24 hr • Moxifloxacin 400 mg IV Q24hr

[A] Not all animal bites will cause infection
[B] Assess need for tetanus vaccine and rabies vaccine and/or immune globulin
[C] Augmentin XR is the preferred agent, but based on ability to pay amoxicillin-clavulanate 500-125 mg PO BID with or without addition of amoxicillin 500-1000 mg PO QID may be considered as an alternative
[D] Requires renal dosing adjustment
[E] See Antibiotics for the Treatment of Gram-negative Infections – Adult – Inpatient Clinical Practice Guideline for dosing guidance