Example 4.14 Colorado Hospital Association Stewardship Collaborative Guidelines for SSTI

Guideline for the Management of Adults Hospitalized with Skin and Soft Tissue Infection

3 key concepts to optimize antibiotic use in the management of skin infections:
1) Most skin infections are caused by *Staphylococcus aureus* and streptococci – antibiotics should be targeted toward these gram-positive pathogens.
2) Antibiotics with a broad spectrum of gram-negative activity are NOT recommended and in most cases should be avoided.
3) For patients with an appropriate clinical response, the recommended treatment duration is 5 – 7 days. Longer treatment durations are generally unnecessary.

Guideline applicable to patients with: cellulitis, erysipelas, cutaneous abscess, or wound infection
Guideline NOT applicable to clinical scenarios requiring specialized management, including but not limited to: suspected or confirmed necrotizing or deep tissue infection, diabetic foot infection, infected ulcers, surgical site infection, animal/human bites, undrained abscesses, periorbital/orbital/perineal infections, critical illness, bloodstream infection, pregnancy

<table>
<thead>
<tr>
<th>Non-purulent cellulitis</th>
<th>Abscess, wound infection, or purulent cellulitis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common pathogens</strong></td>
<td><strong>Common pathogens</strong></td>
</tr>
<tr>
<td>β-hemolytic streptococci and MSSA</td>
<td>MRSA, MSSA, and streptococci</td>
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</tbody>
</table>

**Initial antibiotic selection**
Recommended: Cefazolin 2gm IV Q8H*
If severe β-lactam allergy or history of or concern for MRSA: Vancomycin 15 mg/kg IV Q12* or refer to institutional vancomycin protocol

**Transition to oral therapy**
Cefazolin → Cephalexin 500mg PO Q6H* or Dicloxacillin 500mg PO Q6H*
Vancomycin → TMP-SMX DS 1 tab PO BID (2 tabs if >80kg)* or Clindamycin 300-450mg PO TID

Target antibiotic selection to microbiologic data when available

**Treatment duration for patients with an appropriate clinical response:** 5 – 7 days

**Drain abscesses and send purulence for culture**
Initial antibiotic selection
Recommended: Vancomycin 15 mg/kg IV Q12* or refer to institutional vancomycin protocol
If vancomycin allergy: Linezolid 600mg IV or PO Q12H or Daptomycin 4mg/kg IV Q24H*

**Transition to oral therapy**
Vancomycin or daptomycin → TMP-SMX DS 1 tab PO BID (2 tabs if >80kg)* or Doxycycline 100mg PO BID
Linezolid → Linezolid 600mg PO BID

Target antibiotic selection to microbiologic data when available

**Treatment duration for patients with adequate abscess drainage (if applicable) and an appropriate clinical response:** 5 – 7 days

For more information about this example contact Toni Foos, RN, BSN, CIC at Toni.Foos@cha.com

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