

		weekly <ul style="list-style-type: none"> • No sharing of towels or washcloths, changing of clothes and underwear daily, and laundering in hot water • Disposal of razors after one use • Application of mupirocin to nares bid for 2 to 4 weeks 	
Cellulitis: Streptococci, staphylococci, <i>Haemophilus influenzae</i> (Fig. 6-11)	Inflammation of skin and subcutaneous tissues with intense redness, swelling, and firm infiltration Lymphangitis "streaking" frequently seen Involvement of regional lymph nodes common May progress to abscess formation Systemic effects: Fever, malaise	Oral or parenteral antibiotics Rest and immobilization of both affected area and child	Hospitalization may be necessary for child with systemic symptoms Otitis media may be associated with facial cellulitis
Staphylococcal scalded skin syndrome: <i>S. aureus</i>	Macular erythema with "sandpaper" texture of involved skin Epidermis becomes wrinkled (in 2 days or less), and large bullae appear Localized bullous impetigo in older child	Systemic antibiotics Gentle cleansing with saline, Burrow solution, or 0.25% silver nitrate compresses	Infants subject to fluid loss, impaired body temperature regulation, and secondary infection, such as pneumonia, cellulitis, and septicemia Heals without scarring