MSH Emergency Department

Pediatric SSTI Pathway

Date Created: *10/14/2021*
Date Reviewed:
Reviewed By: *S Bhadiraju, M Boyle, A Buttigieg, L Douglas, J Fune, N Hodo, D Lee, A Lim, L Ngai, R Posada, L Spina, J Tokarski, C Tran, L Zinns*

Pediatric Skin/Soft Tissue Infection (SSTI) Pathway

This pathway serves as a guide and DOES NOT replace clinical judgment

History and physical exam
- Erythema
- Purulence
- Abscess
- Swelling
- Pain level
- Lesions
- Presence of foreign body
- History of MRSA and previous SSTI

Clinical severity

Mild (ALL of the following)
- Afebrile
- Normal vital signs
- Tolerating orals
- No concerns for follow-up

Moderate/severe
- Febrile
- Elevated heart rate or respiratory rate
- Rapid progression of infected area
- Failure of appropriate antibiotic therapy for ≥48 hours
- Not tolerating orals
- Concern for poor follow-up

Diagnosis/Management

Mild
- Consider imaging if concern for abscess/fluid collection

Moderate/severe
- Consider imaging if concern for abscess/fluid collection
- CBC, BMP, CRP
- If concern for necrotizing fasciitis, emergent surgical evaluation and imaging

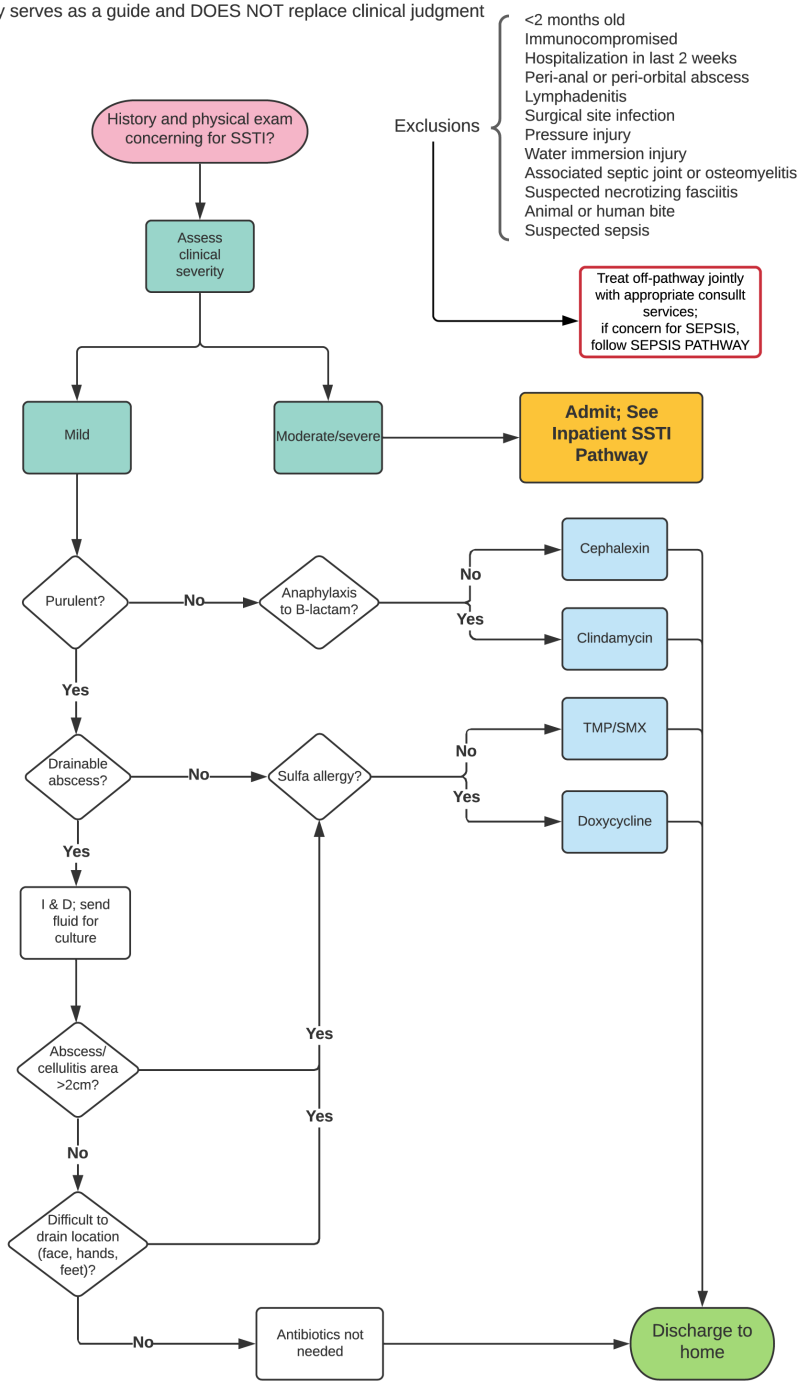
Antibiotic dosing

Cephalexin 33 mg/kg/dose PO q8h (max 1000 mg/dose)
Clindamycin 10 mg/kg/dose PO q8h (max 450 mg/dose; may consider 600 mg/dose if patient able to tolerate from GI standpoint)
Doxycycline 2.2 mg/kg/dose PO q12h (max 100 mg/dose)
TMP/SMX (Bactrim) 5 mg/kg/dose of TMP component PO q12h (max 320 mg/dose of TMP)

Discharge Instructions

Follow up with PCP within 2 days
If treating, antibiotics for 5d

REMEMBER:
Review cultures and antibiotic susceptibilities and tailor to narrowest appropriate therapy



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Pediatric Skin/Soft Tissue Infection (SSTI) Inpatient Pathway

History and physical exam
- Erythema
- Purulence
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- Swelling
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- Lesions
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- History of MRSA and previous SSTI

Clinical severity

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Antibiotic dosing

IV
Cefazolin 33 mg/kg/dose IV q8h (max 2000 mg/dose)
Clindamycin 10 mg/kg/dose IV q8h (max 600 mg/dose)
Doxycycline 2.2 mg/kg/dose IV q12h (max 100mg/dose)
Trimethoprim/Sulfamethoxazole 5 mg TMP/kg/dose IV q12h (dose based TMP component;max 320mg TMP/dose)
***Vancomycin** 15 mg/kg IV q8h

PO
Cephalexin 33 mg/kg/dose PO q8h (max 1000 mg/dose)
Clindamycin 10 mg/kg/dose PO q8h (max 450 mg/dose; may consider 600 mg/dose if patient able to tolerate from GI standpoint)
Doxycycline 2.2 mg/kg/dose PO q12h (max 100 mg/dose)
TMP/SMX (Bactrim) 5 mg/kg/dose of TMP component PO q12h (max 320 mg/dose of TMP)

***Requires Infectious Diseases approval**

Discharge Criteria
Eating, drinking, voiding
PO meds

Discharge Instructions
Follow up with PCP within 2 days
Antibiotics for 5d

REMEMBER:
Review cultures and antibiotic susceptibilities and tailor to narrowest appropriate therapy