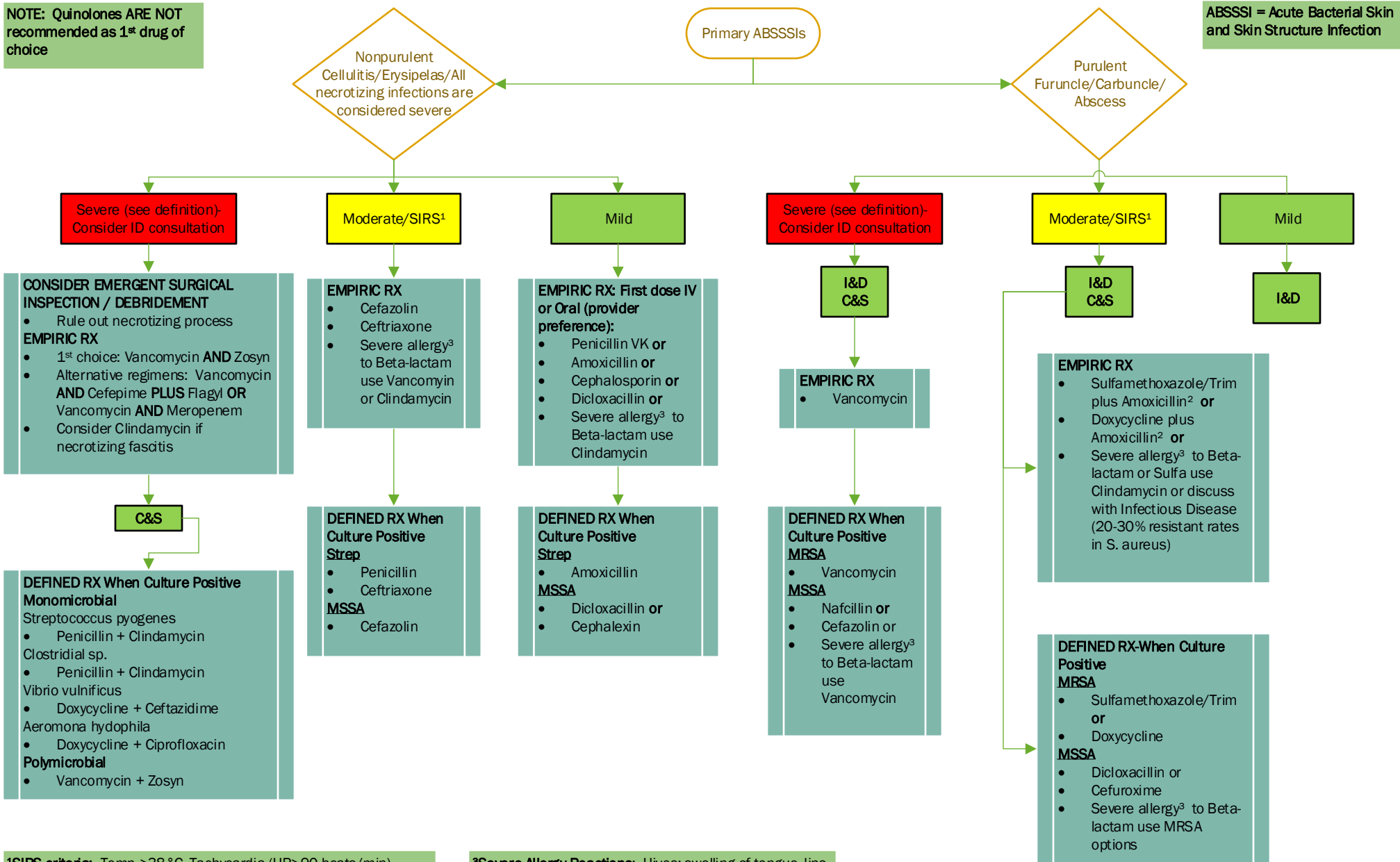


NOTE: Quinolones ARE NOT recommended as 1st drug of choice

ABSSSI = Acute Bacterial Skin and Skin Structure Infection



¹**SIRS criteria:** Temp >38 °C, Tachycardia (HR>90 beats/min), Tachypnea (RR>24 breaths/min) or abnormal WBC (> 12,000 or <400 cells/uL)

²To provide Streptococcus coverage

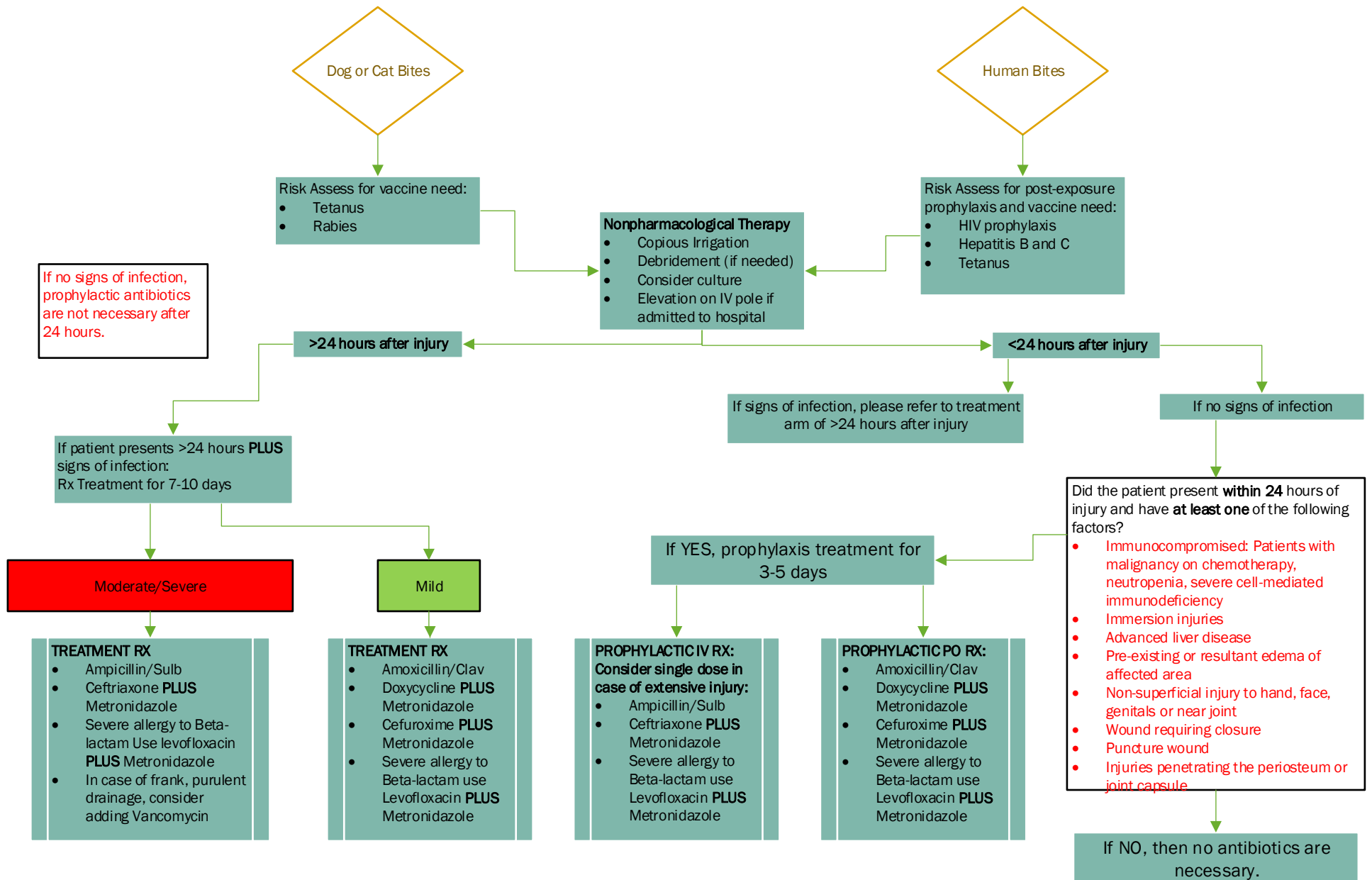
³**Severe Allergy Reactions:** Hives; swelling of tongue, lips, eyes, nasal passages or throat; wheezing/shortness of breath; anaphylaxis; documented arrhythmias or hypotension or unknown or does not remember

I&D = Incision and Drainage
C&S = Culture and Sensitivity

Antibiotic Duration: 10-14 days if poor peripheral perfusion, diabetes. 7 days with good peripheral circulation and improvement.

DEFINITION OF SEVERE INFECTION:

- Immunocompromised patients with malignancy on chemotherapy, neutropenia, severe cell-mediated immunodeficiency, immersion injuries.
- Deep infection
- Severe Sepsis or Shock
- Organ dysfunction
- Failed oral therapy/I&D



Severe Beta-lactam Allergy Reactions: Hives; swelling of tongue, lips, eyes, nasal passages or throat; wheezing/shortness of breath; anaphylaxis; documented arrhythmias or hypotension or unknown or does not remember

DEFINITION OF SEVERE:

- Immunocompromised patients with malignancy on chemotherapy, neutropenia, severe cell-mediated immunodeficiency.
- Deep infection
- Immersion injuries
- Sepsis or Shock
- Organ dysfunction
- Failed oral therapy/I&D



Diabetic Foot Infections (DFI)
 Defined to include the following factors:

- Wound
- Neuropathy
- Poor glycemic control
- Vascular insufficiency

(If patient does not meet criteria, treat with Primary ABSSTI Algorithm)

Nonpharmacological Therapy

- Cleansing, debridement, and culture
- Assessment of underlying issues (e.g., osteomyelitis, vascular insufficiency, etc.)

Severe DFI: Limb or life threatening (Recommended duration of therapy 10-14 days)

- Vancomycin **PLUS** Piperacillin/Tazobactam
- Vancomycin **PLUS** Cefepime **PLUS** Metronidazole
- Severe allergy³ to Beta-lactam, consider ID consult

¹MRSA Risk: History of MRSA infection, antibiotic use or previous hospitalization within 1-3 months, hemodialysis, HIV infection, IVD, residence in long-term care facility.

²To provide Streptococcus coverage

³Severe Beta-lactam allergy reactions: Hives; swelling of tongue, lips, eyes, nasal passages or throat; wheezing/shortness of breath; anaphylaxis; documented arrhythmias or hypotension or unknown or does not remember.

⁴Previous Pseudomonas infection, warm climate, frequent exposure of the foot to water, such as soaking.

Moderate DFI/Erythema >2cm around ulcer or involving structures deeper than skin. Consider hospitalization or first dose to be IV. (Recommended duration of therapy 10-14 days)

No MRSA Risk

- PO**
- Sulfamethoxazole/Trim **PLUS** Amoxicillin/Clav **or** Clindamycin (in case of severe allergy to Beta-lactam)
 - In case of Pseudomonas risk factors⁴ or severe allergy³ to Sulfa, use Cipro instead of Sulfamethoxazole/Trim

MRSA Risk¹

- PO**
- Either Sulfamethoxazole/Trim or Doxycycline **PLUS either** Amoxicillin/Clav **or** Clindamycin (in case of severe allergy³ to Beta-lactam)
 - In case of Pseudomonas risk factors⁴ or severe allergy³ to Sulfa: Use Cipro instead of Sulfamethoxazole/Trim or Doxy

IV Therapy for Moderate Infections:

- Ampicillin/Sulbactam alone **OR** Ceftriaxone **PLUS** Metronidazole

In case of Pseudomonas risk factors⁴:

- Piperacillin/Tazobactam alone **OR** Cefepime **PLUS** Metronidazole
- Add Vanco in case of MRSA risk factors
- Severe allergy³ to Beta-lactam, consider ID consult

Mild DFI: Erythema <2cm around ulcer (Recommended duration of therapy 7 days)

No MRSA Risk

- Dicloxacillin **OR** Cephalexin **OR** Cefuroxime
- Severe allergy³ to Beta-lactam use Clindamycin

MRSA Risk¹

- Sulfamethoxazole/Trim **PLUS** Amoxicillin/Clav²
- Doxycycline **PLUS** Amoxicillin/Clav²
- Severe allergy³ to Beta-lactam and Sulfa, call ID