

INCLUSION CRITERIA

Patients ≥ 6 months of age who present with erythema, induration, pain/tenderness and/or warmth to the skin

EXCLUSION CRITERIA

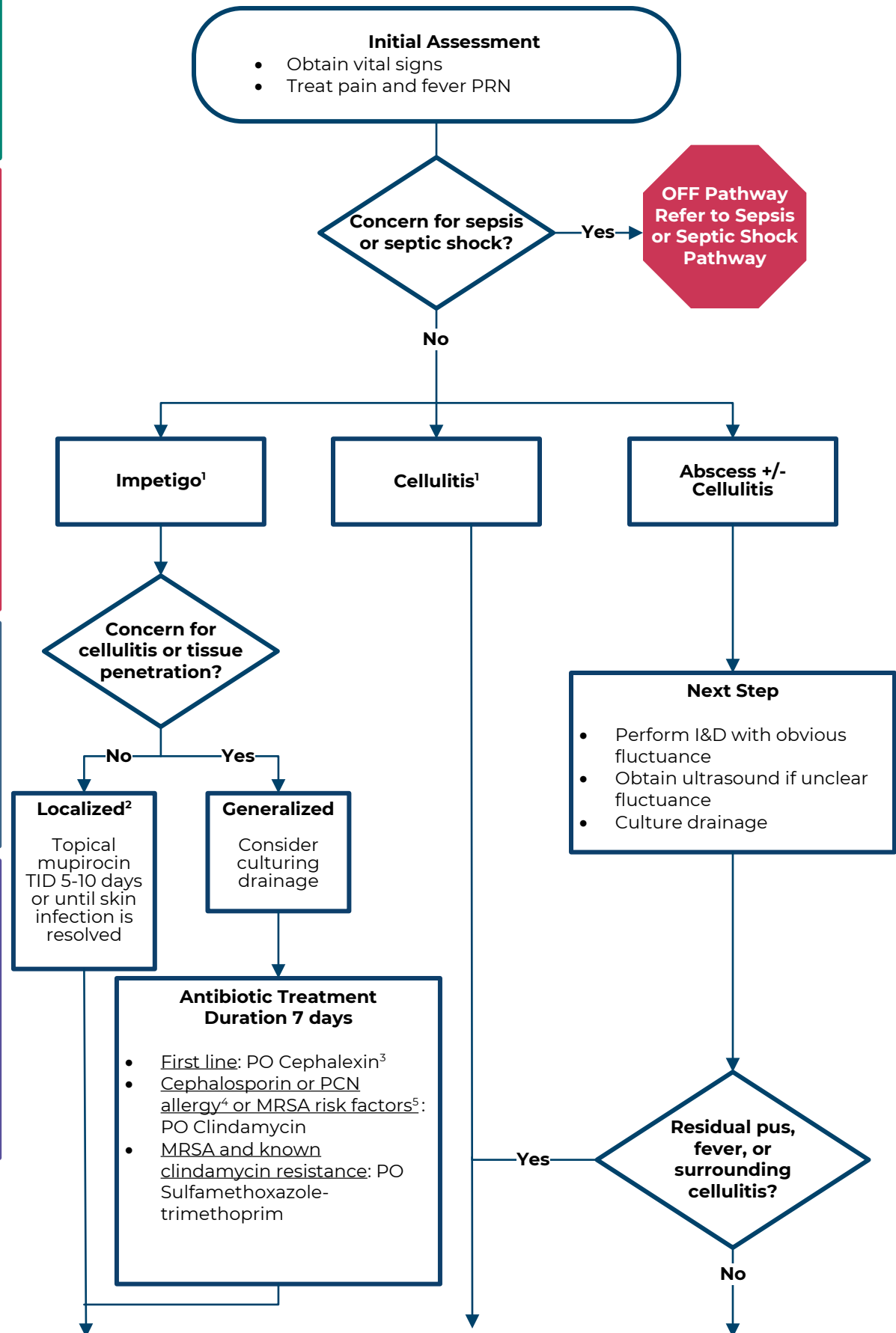
- Animal or human bite
- Bone or joint infections
- Breast abscess/mastitis
- Dental abscess
- Diabetes
- Groin/labial abscess
- Hospital acquired, surgical site, or device associated infection
- Immunodeficiency
- Medically complex
- Necrotizing fasciitis
- Orbital and periorbital cellulitis
- Pilonidal cyst/perirectal abscess
- Pressure ulcers
- Puncture wounds
- SIRS or sepsis

MEASURES

- Percent of patients treated with first line cephalexin
- Percent of patients returning for a second antibiotic within 7-30 days
- Number of prescribed antibiotic days

DEFINITIONS¹

- **Impetigo:** A superficial bacterial skin infection
- **Cellulitis:** A bacterial infection of the dermis and subcutaneous tissue
- **Abscess:** A collection of pus within the dermis or subcutaneous space



GUIDANCE

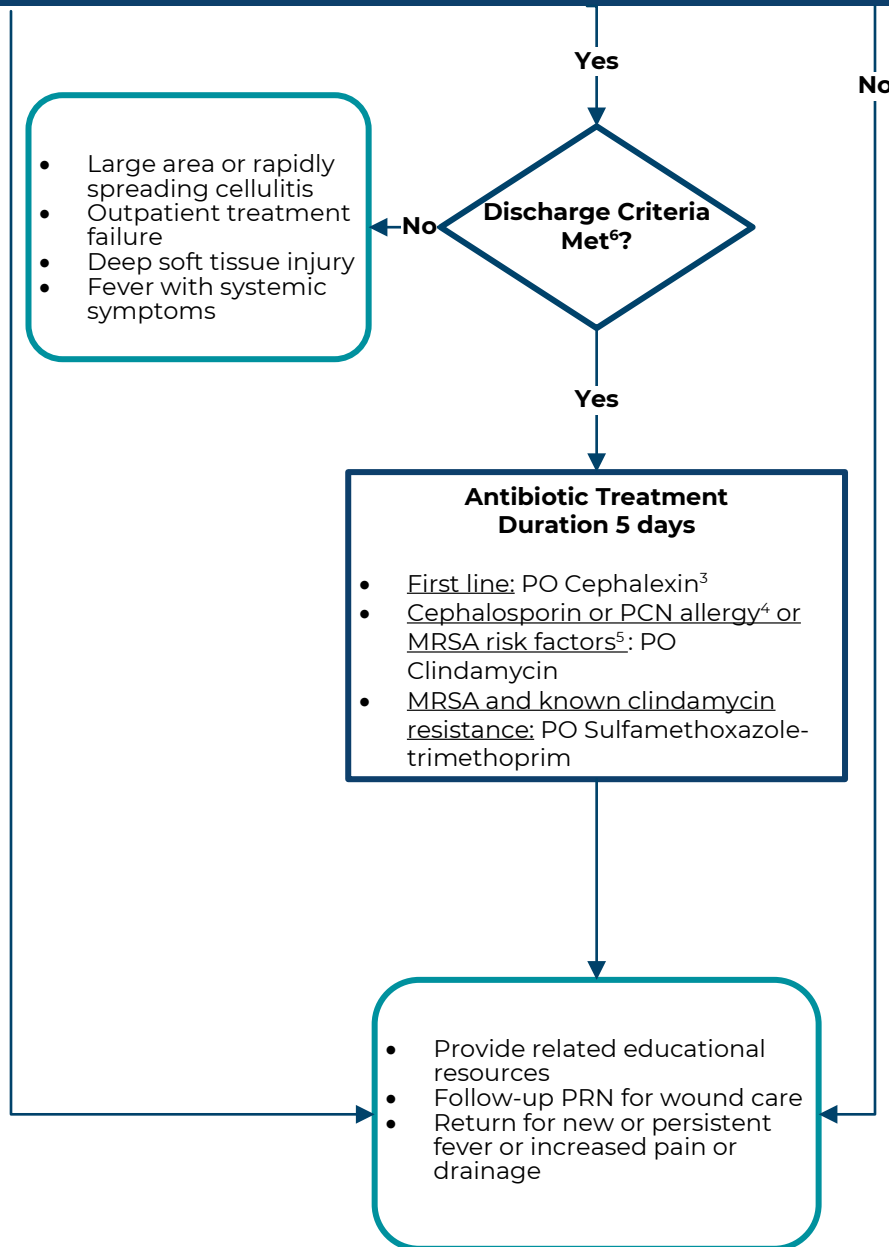
- **Localized Treatment²:** Reasonable to treat with oral antibiotics if number of lesions would be challenging to apply topically
- **Treatment Failure³:** Recommendation trial outpatient PO clindamycin therapy if cephalexin treatment failure and confirmed 48 hours of adherence
- **MRSA Risk Factors⁵:**
 - History of MRSA in patient or family
 - Recurrent SSTIs
 - Positive MRSA nares screen in the past

PENICILLIN ALLERGY⁴ DEFINITIONS

- **Mild PCN allergy type IV:** Delayed maculopapular rash without urticaria, blistering, desquamation, mucosal involvement, systemic symptoms
- **Severe PCN allergy (type I/IgE mediated):** Allergist-confirmed history of urticaria, angioedema, wheezing, respiratory distress or anaphylaxis

DISCHARGE CRITERIA⁶

- Localized, stable or improving cellulitis
- Superficial tissue involvement
- Afebrile, stable vitals, systemically well



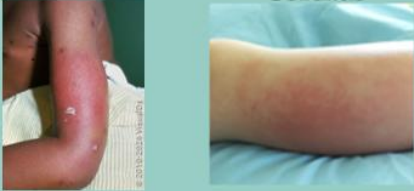
Antibiotic Treatment Duration 5 days

- First line: PO Cephalexin³
- Cephalosporin or PCN allergy⁴ or MRSA risk factors⁵: PO Clindamycin
- MRSA and known clindamycin resistance: PO Sulfamethoxazole-trimethoprim

- Provide related educational resources
- Follow-up PRN for wound care
- Return for new or persistent fever or increased pain or drainage

Antibiotic Dosing

Medication	Route	Dosage	Max per Dose
Cephalexin	PO	25 mg/kg/dose TID	≤50 kg 500 mg >50 kg 1000 mg
Clindamycin	PO	10 mg/kg/dose TID	600 mg
Sulfamethoxazole-trimethoprim (Bactrim)	PO	5 mg/kg/dose of trimethoprim BID	160 mg
Cefazolin	IV	25 mg/kg/dose TID	2000 mg

Pediatric Skin and Soft Tissue Infections	
Visual	Characteristics
Cellulitis 	A bacterial infection of the dermis and subcutaneous tissue typically presenting as area of skin erythema, edema, and warmth.
Abscess 	A collection of pus within the dermis or subcutaneous space typically presenting as an area of pain, erythema, and/or fluctuance.
Impetigo 	A superficial bacterial infection that can be bullous or nonbullous.

Abbreviations			
Abbreviation	Terminology	Abbreviation	Terminology
BID	Twice a day	PCN	Penicillin
I&D	Incision and drainage	PO	By mouth
IV	Intravenous	PRN	As needed
kg	Kilogram	SIRS	Systemic inflammatory response syndrome
mg	Milligram	SSTI	Skin and soft tissue infection
MRSA	Methicillin-resistant Staphylococcus aureus	TID	Three times a day
PC	Primary care	UC	Urgent Care

Disclaimer: The clinical pathways are based upon publicly available medical evidence and/or a consensus of medical practitioners at Nemours Children's Health ("Nemours") and are current at the time of publication. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the patient is located.

VERSION MANAGEMENT

- Version 1.0 (10/24/2023): Go Live.
- Version 2.0 (6/16/2026): Look back review completed

Questions about this pathway should be directed to **clinicalpathways@nemours.org**.

AUTHORS & REFERENCES

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