Table 2.Summary Therapy Recommendations for Bacterial Skin and Soft Tissue Infections Treated in the Inpatient Setting

Condition	Pathogens	Empiric antibiotic	β- lactam Allergy or suspected MRSA	Duration	Comments
Non-purulent cellulitis and erysipelas	GAS	Cefazolin 33 mg/kg/dose IV every 8 hours (Max 1,000 mg/dose).	*Clindamycin 13 mg/kg/dose IV every 8 hours (max 900 mg/dose) Vancomycin if concern for Sepsis. See vancomycin guidelines for dosing on Clinical Guidelines page on CookNet or by clicking here. **Linezolid 10 mg/kg/dose IV/PO every 8 hours if patient < 11 years or 10 mg/kg/dose IV/PO BID if patient ≥11 year (max 600 mg/dose)	5-7 days in mild/moderate infections and 7-14 days in more severe infections	If lack of improvement or worsening after 48 hours of initial antibiotic, consider adding or changing to an agent with MRSA activity. Transition to oral antibiotics when clinically improved *20% of *S. aureus* is resistant to clindamycin in CCMC (CCMC antibiogram 2023) *Use Linezolid if allergic to β-lactam and/or unable to use clindamycin or vancomycin.
Cellulitis with abscess	*Staphylococcus aureus* (including MRSA) >> GAS other *Streptococcus sp.*, Gram negative rods and anaerobes.	*Clindamycin 13 mg/kg/dose IV every 8 hours (max 900 mg/dose) vs Vancomycin if concern for Sepsis. See vancomycin guidelines for dosing on Clinical Guidelines page on CookNet or by clicking here. vs **Linezolid 10 mg/kg/dose IV/PO every 8 hours if patient < 11 years or 10 mg/kg/dose IV/PO BID if patient ≥11 year (max 600 mg/dose)		5-7 days in mild/moderate infections and 7-14 days in more severe infections	Tailor therapy based on wound culture results. Transition to oral antibiotics when clinically improved *20% of *S. aureus* is resistant to clindamycin in CCMC (CCMC antibiogram 2023) **Use Linezolid if allergic to beta lactam and/or unable to use clindamycin or vancomycin.
Human bites	*Eikenella corrodens* Oral anaerobes Polymicrobial *Streptococci sp.* MSSA or MRSA	Copious irrigation Cautious debridement IV Unasyn 50 mg/kg/dose IV every 6 hours (max 2,000 mg/dose)	Ceftriaxone 50 mg/kg/day (max 2,000 mg/dose) or TMP/SMX 4-6 mg/kg TMP IV/PO BID (max 160 mg TMP dose) ***and*** Clindamycin 13 mg/kg/dose IV every 8 hours (max 900 mg/dose)	10 days	Post exposure prophylaxis for rabies may be indicated. Tetanus-toxoid should be administered to patient without vaccination within 10 years. Tdap is preferred if not previously administered. Primary wound closure is not recommended with exception to those involving the face. Transition to oral when clinically improved
Animal bites	*Pasteurella multocida* Oral anaerobes *Eikenella corrodens* *Capnocytophaga sp.* *Streptococci sp.* MSSA or MRSA				

Table 2.Summary Therapy Recommendations for Bacterial Skin and Soft Tissue Infections Treated in the Inpatient Setting - Continued

Condition	Pathogens	Empiric antibiotic	β- lactam Allergy or suspected MRSA	Duration	Comments
Necrotizing fasciitis	GAS MSSA or MRSA Polymicrobial	Vancomycin (see dosing guide) **+** Cefepime 50 mg/kg/dose IV every 8 hours (max: 2,000 mg/dose) **+** Clindamycin 13mg/kg/dose IV q8h (max: 900 mg/dose) See vancomycin guidelines for dosing on Clinical Guidelines page on CookNet or by clicking here.		Depends on clinical progress.	Obtain STAT Surgery Consult. Early and aggressive surgical exploration and debridement is critical. ID consult strongly recommended. Tailor antibiotic therapy based on results of deep tissue gram stain, culture and sensitivities.
Staphylococcal scalded skin syndrome	MSSA or MRSA	Cefazolin 33 mg/kg/ dose IV every 8 hours (Max 1,000 mg/dose) + clindamycin* 13mg/kg/dose IV every 8 hours (max: 900 mg/dose)	Clindamycin 13mg/kg/dose IV every 8 hours (max: 900 mg/dose	10 days	*Clindamycin is recommended as adjunct therapy in the setting of toxin production associated with SSSS. Ok to stop clindamycin when patient stable. -Transition to oral antibiotics when clinically improved -Healing occurs without scarring.
Toxic Shock Syndrome	MSSA, MRSA or GAS	Cefazolin 50 mg/kg/dose IV every 8 hours (Max 1,000 mg/dose) **+** Clindamycin 13mg/kg/dose IV every 8 hours (max: 900 mg/dose) + Vancomycin (see dosing guide) See vancomycin guidelines for dosing on Clinical Guidelines page on CookNet or by clicking here.			ID consult strongly recommended.