McLaren
CENTRAL MICHIGAN

OUTPATIENT SKIN AND SOFT TISSUE INFECTIONS

TREATMENT

	First line treatments	Alternatives
Minor skin infections	**- Mupirocin ointment applied topically twice daily** **- Cephalexin 25mg/kg/dose by mouth three times daily** **- Add Bactrim 6mg/kg/dose of TMP component by mouth twice daily if MRSA coverage is needed, (max 320mg TMP/dose)**	**- Clindamycin 10mg/kg/dose by mouth three times daily, (max 450mg/dose)** **- If allergic to Bactrim, use Doxycycline 2.2mg/kg/dose by mouth twice daily for MRSA coverage, (max 100mg/dose)**
Non-purulent Cellulitis	**- Cephalexin 25 mg/kg/dose TID** **- Add Bactrim 6mg/kg/dose of TMP component by mouth twice daily if MRSA coverage is needed, (max 320mg TMP/dose)**	**- Clindamycin 10mg/kg/dose by mouth three times daily, (max 450mg/dose)** **- If allergic to Bactrim, use Doxycycline 2.2mg/kg/dose by mouth twice daily for MRSA coverage, (max 100mg/dose)**
Purulent cellulitis or abscesses including folliculitis, furuncles, and carbuncles	**-Bactrim 6mg/kg/dose of TMP component by mouth twice daily, (max 320mg TMP/dose)**	**- Doxycycline 2.2mg/kg/dose by mouth twice daily (max 100mg/dose)**

DURATION OF TREATMENT

Minor skin infections	**5 days**
Non-purulent cellulitis	**5 days, may consider 7-10 days if lack of symptom resolution.**
Purulent cellulitis or abscesses including folliculitis, furuncles, and carbuncles	**5 days, may consider 7-10 days if lack of symptom resolution.**

https://www.med.umich.edu/asp/pdf/pediatric_guidelines/SSTI_PEDS.pdf