Management of Uncomplicated Skin and Skin Structure Infections

**EXCLUSIONS**
The following infections are not addressed in the guidelines: Dental abscesses, deep neck abscesses, abscesses due to bites, diabetic feet or orbital infections, ischiorectal, perirectal, and pilonidal abscesses

**INVESTIGATIONS**
For uncertain diagnosis consider Ultrasound or large bore (16-18G) needle aspirate

**TREATMENT**

**FIRST OCCURRENCE**
- Incision and drainage
- Culture not routinely recommended
- There is no consensus on the clinical value of packing the wound

**TREATMENT FAILURE OR SPONTANEOUS RECURRENCE**
- Incision and drainage
- Send specimen for microbiological diagnosis
- Start empiric antimicrobial therapy

**SUBSEQUENT RECURRENCES**
- Incision and drainage
- Send specimen for microbiological diagnosis
- Start empiric antimicrobial therapy
- Ensure that the pathogen identified during the previous incident is susceptible to the antibiotic chosen
- Consider referring patient to an Infectious Disease Clinic for follow-up

**WITHIN 30 DAYS**
- Incision and drainage
- Send specimen for microbiological diagnosis
- Start empiric antimicrobial therapy
- **FIRST LINE THERAPY**
  - co-trimoxazole** 1 DS tablet orally twice a day
  - doxycycline *** 100 mg orally twice a day

**WITHIN 6 MONTHS**
- Incision and drainage
- Send specimen for microbiological diagnosis
- Start empiric antimicrobial therapy
- Ensure that the pathogen identified during the previous incident is susceptible to the antibiotic chosen
- Consider referring patient to an Infectious Disease Clinic for follow-up

Empiric antimicrobial therapy should cover *Staphylococcus aureus* including community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA). If the organism cultured is NOT MRSA consider switching to cephalexin

**DURATION**
When antibiotic therapy is necessary it should be prescribed for a duration of 7 days
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Additional Tools


<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Daily Cost*</th>
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<tbody>
<tr>
<td>co-trimoxazole** 1 DS tablet orally twice a day</td>
<td>$0.25</td>
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<tr>
<td>doxycycline*** 100 mg orally twice a day</td>
<td>$1.18</td>
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* Daily cost refers to drug cost only and does not include dispensing fees
** Should not be given to patients taking warfarin, sulfonylureas, and drugs that raise serum potassium levels or patients with renal dysfunction (especially the elderly).
*** Currently not a benefit under the Ontario Drug Benefit Formulary

REFERENCES