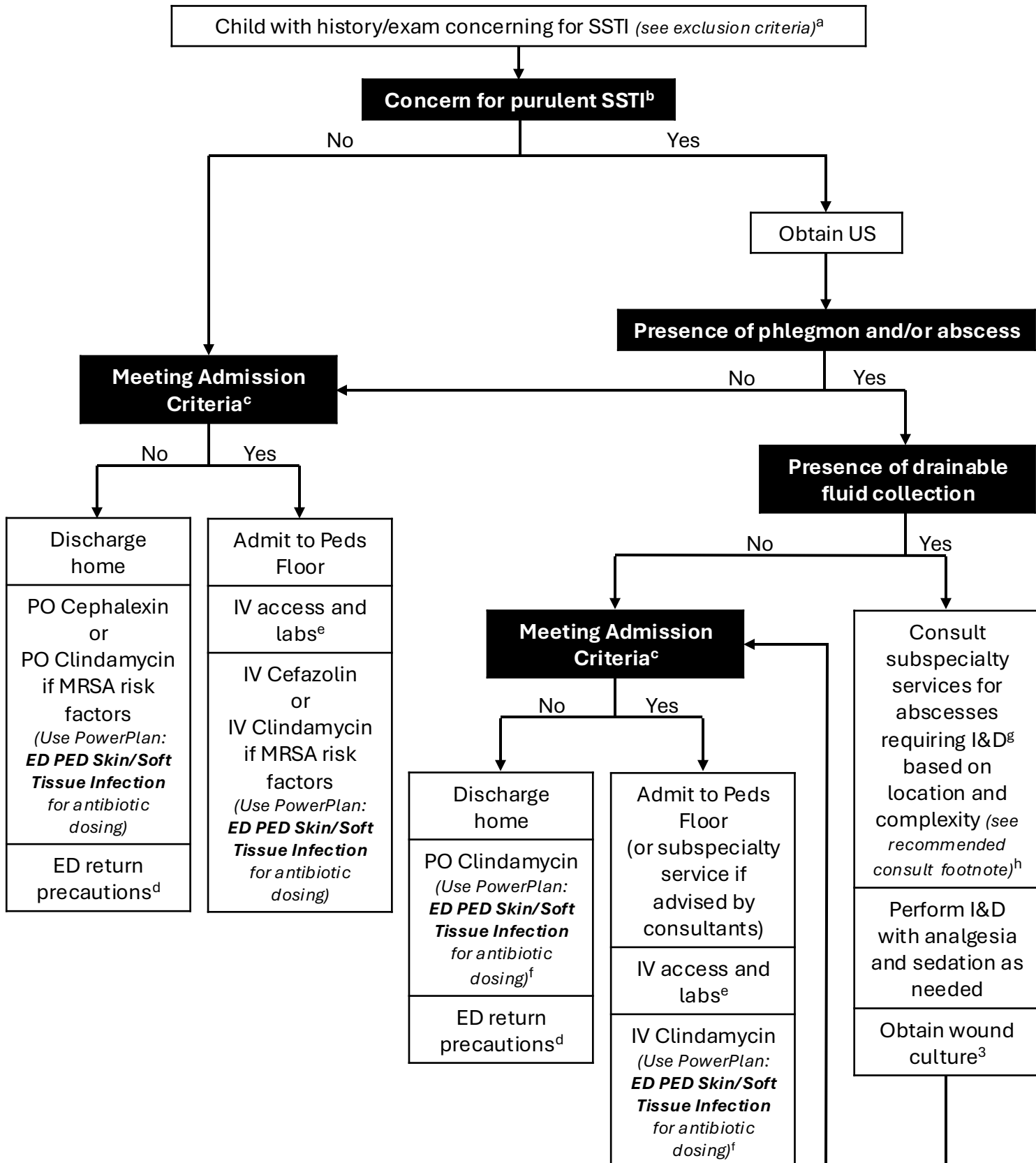




# University of Missouri Pediatric Service Line

*Pediatric Emergency • Clinical Practice Guidelines*

## Pediatric Skin/Soft Tissue Infection (SSTI) Management Guideline





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## Footnotes:

- a. Exclusion Criteria: Infants <60 days old, animal/human bites, immunodeficiency, infection associated with indwelling device, history of recent surgery, hospital-acquired infection, human or animal bite wounds, suspected necrotizing fasciitis, suspected toxin mediated reaction (e.g. staphylococcal scalded skin syndrome, toxic shock syndrome), suspected severe sepsis
- b. Purulent SSTI includes abscesses, furuncles, carbuncles or other SSTI with pus present.<sup>1</sup>
- c. Hospitalization criteria includes any of the following: systemic symptoms (i.e. SIRS), rapid progression of erythema, progression of clinical findings after 48 hours of appropriate oral antibiotics, underlying medical problems that may be associated with poor response or complications (e.g. malignancy, primary immune deficiency, diabetes mellitus), inability to tolerate oral antibiotics<sup>2</sup>
- d. ED return precautions: lack of improvement after 48 hours of antibiotic therapy, progressive systemic symptoms (e.g. development of altered mental status, dehydration), inability to tolerate oral antibiotics
- e. Blood cultures are recommended if systemic symptoms or history of malignancy on chemotherapy, neutropenia, immunodeficiency, immersion injuries, animal bites.<sup>3</sup>
- f. Although I&D is the mainstay of therapy for purulent SSTI, adjunctive antibiotics are also typically administered because they have been associated with clinical improvement and may prevent recurrence, subsequent drainage, and secondary spread.<sup>2</sup>
- g. Abscesses that are already spontaneously draining may not require further I&D.
- h. Consider pediatric surgery consult for large abscesses (>4-5cm) that may require vessel loop, or if the patient will require admission. Consult the following subspecialty services for abscesses requiring drainage based on abscess location:
  - a. Face: service on-call for face (ENT or plastic surgery)
  - b. Neck: ENT
  - c. Breast: Pediatric surgery if prepubescent, general surgery if post pubescent
  - d. Vulva/Clitoris: Pediatric surgery if prepubescent, OB/Gyne if post pubescent
  - e. Perianal: Pediatric surgery
  - f. Hand: service on-call for hand (orthopedics or plastic surgery)

## References:

1. Marcelin JR, et al. "Skin and Soft Tissue Infections: Treatment Guidance." University of Nebraska Medical Center, 2018. <https://www.unmc.edu/intmed/documents/id/asp/clinicpath-ssti-guidelines-2018.pdf>
2. Kaplan S, et al. "Skin and soft tissue infections in children >28 days: Evaluation and management." UpToDate, 2024.
3. Stevens, et al. "Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America." *Clinical Infectious Disease*. 2014; 60(9):1448.