Patient Presents with a Soft Tissue Infection

**Diagnosis of Abscess**
Ultrasound of soft tissue infections recommended for confirmation of suspected abscess

**Surgical Consult Required** for perirectal, perianal, perineal and breast abscesses

Consider surgical consult for face, hand, labial or abscesses on overlying joints; fluctuance > 5 cm in diameter

Does patient have signs or symptoms of systemic illness? (See Box 1)

Yes

Consult Sepsis Protocol

No

**Perform Incision and drainage**
1. Numb the abscess with a field block around and underneath the area of fluctuance.
2. Perform a single stab incision with 11 blade:
   a. Incision made along lines of tension
   b. Incision should extend the width of the fluctuance
3. Explore the abscess cavity with a hemostat to break up loculations

**Cultures**
Routine cultures are not recommended

**Irrigation**
Many experts suggest irrigation of the abscess cavity*
*No trials are available regarding this step

**Packing**
Packing the abscess is not required, but may be considered especially for large or complex abscesses

**Closure**
Consider primary closure in simple abscesses with need for improved cosmetic results

**Antibiotic Administration**
See Box 2 regarding antibiotics

**Discharge**
Instruct patient to follow up in 7 days if primary closure, or as needed for abscess cavities left open.

Instruct patient to soak the incision twice daily for 1 week if left open without packing

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**Box 1**
**Signs or Symptoms of Systemic Illness**
- Fevers/Chills
- Hypotension/Significant Tachycardia

**Box 2**
**Consider Antibiotics in the Following cases:**
Significant surrounding cellulitis
Immunocompromised patients
Frequent recurrent abscesses
Prior treatment failure

**Recommended Regimens:**
- Bactrim 1-2 DS tablets twice daily AND Keflex 500mg four times daily x 5 days
  OR
- Clindamycin 300mg four times daily x 5 days (for penicillin allergic patients)

**Antibiotic Prophylaxis for Patients with Valvular or Structural Heart Disease at Risk for Endocarditis**
Consider in all patients who would normally take antibiotics for other dental or surgical procedures. (please see AHA guidelines: [http://circ.ahajournals.org/content/116/15/1736.full.pdf+html](http://circ.ahajournals.org/content/116/15/1736.full.pdf+html))

**Recommended regimens (to be given immediately before or up to 2 hours after procedure):**
- Cephalexin 2g (Pediatric Dose: 50mg/kg) PO x1 dose OR
- Clindamycin 600mg (Pediatric Dose: 20mg/kg) PO, IM, or IV x1 dose OR
- Vancomycin 15mg/kg IV x1 dose

**Packing Recommended/No Primary Closure**
- Buttock/perineal abscesses
- Patients with diabetes or immunosuppression
- Abscesses other than extremity and trunk
- Packing in abscesses >5cm is not well studied