**Abscess / Cellulitis Protocol**

**IS PATIENT:**
- Unstable vs. (septic)
- Unstable vitals, shock or signs of systemic illness
- Lack of diagnostic certainty: suspicion of deep structure/complicated infection (ie: necrotizing fasciitis, osteomyelitis)
- Immunocompromised (ESRD, Chemo, Transplant)
- Complicated and not amenable to drainage (Deep space access, orbits, osteo > all exclusions previously)
- Fever with history of IVDU and concern for endocarditis
- Requiring broad spectrum Abx (vancomycin, piperacillin/tazobactam, meropenem, cefepime)

**YES**

**Admit**

**NO**

- Consult appropriate team
- Drain abscess in ED
- Obtain appropriate Images and labs
- Obtain clinical picture in Haiku and place in note

**Meets CDU Inclusion Criteria**

**CDU Admission Orders**
- VS q 4 hrs
- Mark margins of erythema
- Elevate extremity
- Inspect for progression/improvement
- Diet
- Antibiotics
- FSBS if diabetic
- Picture in admission note to help monitor progression/improvement
- Symptomatic treatment

**Antibiotics**

**No concern for MRSA:**
Ampicillin/sulbactam 3g q6hours or Unasyn (for anaerobes) oral etc

**Concern for MRSA:**
Sulfamethoxazole/trimethoprim ds 800/160mg po BID or
Doxycycline 100mg po BID (less sensitive) + Cefazolin 1g q 8 hours or
Clindamycin 300mg po QID or 600mg IV q8hours (community-acquired MRSA). Also covers strep

**Improving cellulitis**
(Consults, final recs as well if involved)

**Worsening cellulitis**
(OR, recs from consult)

**D/C home on antibiotics with F/U**

**Admit for further Eval / Tx**