

Management of Individuals with skin and soft tissue infections

Moderate / recurrent Mild skin and soft tissue skin and soft tissue Severe infections infections infections Cellulitis Infected scratches Extensive cellulitis Insect bites Moderate abscesses ■ Large (>4cm) or multiple (2-3cm) (>3) abscesses Furuncles Multiple documented Osteomyelitis/septic Small abscesses (<2cm) recurrences of infection arthritis Boils Necrotising pneumonia Necrotising fasciitis and and and/or Patient NOT systemically Minimal or no systemic Patient septic or unwell unwell (ie fever) symptoms Determine if other cases exist among contacts Drain abscesses Drain abscesses Refer to hospital emergency department for Cover draining wounds Take a wound swab for assessment and further culture and antimicrobial Advise patient on wound management susceptibility testing care and hygiene Cover draining wounds NO antibiotics required (unless co-morbidities or Advise patient on wound unable to drain abscess) care and hygiene Maintain close follow up Commence antibiotic therapy as indicated ■ Provide boils and skin infections factsheet Maintain close follow up ■ Provide boils and skin infections factsheet (or MRSA factsheet if diagnosis confirmed)

Contact the public health unit if a cluster of two or more associated cases is suspected

Important information

Patient education

- Provide information regarding hygiene and the importance of ensuring wounds are completely covered
- Reinforce frequent hand washing and importance of not sharing personal items such as towels, bars of soap, razors or tooth brushes
- Advise to return if systemic symptoms develop, or no improvement in 48hours

Antibiotic Therapy

- The decision to use antibiotics is dependant on severity of illness or co-morbidities and should be guided by the current guidelines
- Antibiotic therapy should be adjusted when results of culture and susceptibility are available
- Monitor response to therapy and review if no improvement or symptoms worsen within 48 hours