

Cellulitis

Skin and soft tissue infections are most commonly caused by streptococci (non-purulent cellulitis) or staphylococci (purulent cellulitis). For soft tissue infections involving salt water contact, consider *Vibrio* coverage.

Non-purulent Cellulitis – mild (outpatient)

Drug	Dose	Route	Duration
Cephalexin	500 mg or 1000 mg QID	PO	5 days

Non-purulent Cellulitis - moderate (outpatient)

Cefazolin + Probenecid	2 g q24h 1 g daily (30 min before cefazolin)	IV PO	5-10 days
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→ If **Purulent Cellulitis or Abscess AND MSSA** suspected:
Treat as above

→ If **Purulent Cellulitis or Abscess AND MRSA** suspected, **ADD ONE** of:

TMP-SMX	2 DS tablets BID	PO	5 days
Doxycycline	100 mg BID	PO	5 days

Second-line (if cephalexin allergy)

Clindamycin	600 mg TID	PO	5 days
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Severe (hospitalized) and IV therapy required

Cefazolin	2 g q8h	IV	5-10 days
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Severe (hospitalized) and MRSA suspected:

Vancomycin	15 mg/kg q12h	IV	5-10 days
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TMP-SMX = trimethoprim-sulfamethoxazole or co-trimoxazole

