Complicated risk factor present?
- Infected diabetic ulcer or vascular ulcer
- Periorbital or orbital cellulitis
- Clinical concern for necrotizing fasciitis
- Perineal/vulvar/perirectal infection
- Deep tissue infection
- Critical illness
- Surgical site infection
- Bacteremia
- Human or animal bite
- Pregnancy

Subcutaneous abscess present?
(perform bedside ultrasound and/or needle aspiration if uncertain)

Cutaneous abscess
- Purulent drainage or exudate?
  - Yes
  - No

Purulent cellulitis/wound infection
- Diagnostic studies:
  - Blood cultures if systemically ill, diabetic, or other immunosuppression
  - Superficial wound culture not indicated
  - Plain film only if concern for foreign body

Non-purulent cellulitis
- Diagnostic studies:
  - Blood cultures if systemically ill, diabetic, or other immunosuppression
  - Superficial wound culture not indicated
  - Plain film only if concern for foreign body

Treatment:
1) I&D, send purulent material for gram stain and bacterial culture
2) Vancomycin 1gm IV Q12hrs*
3) Ibuprofen 600mg PO Q8hrs if NSAIDS deemed safe
4) Elevate affected area

Clinically responding in 2 – 3 days?
- Yes
- No

Suggested empiric oral therapy when cultures negative or not available*:
- Doxycycline 100mg PO BID, or
- Clindamycin 300-450mg PO TID, or
- Bactrim DS 1-2 tabs PO BID*

Total duration of therapy: 5 - 7 days**
(5 days sufficient for well-drained abscess without surrounding cellulitis)

Clinically responding in 2 – 3 days?
- Yes
- No

Purulent drainage or exudate?
- Yes
- No

Diagnostic studies:
- Blood cultures if systemically ill, diabetic, or other immunosuppression
- Superficial wound culture not indicated
- Plain film only if concern for foreign body

Clinically responding in 2 – 3 days?
- Yes
- No

Suggested empiric oral therapy when cultures negative or not available*:
- Doxycycline 100mg PO BID, or
- Clindamycin 300-450mg PO TID, or
- Bactrim DS 1-2 tabs PO BID*

Total duration of therapy: 5 - 7 days**
(5 days sufficient for well-drained abscess without surrounding cellulitis)

* Doses based on normal renal function; assess for allergy; select appropriate agent based on susceptibility testing when culture data available
** Duration of therapy may be extended for severe or poorly responsive disease

This is intended as a guide for evidence-based decision-making and should not replace clinical judgment.