Children's Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Subcutaneous Abscess

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Surgery:	What can referring provider send Surgery	Specialist's workup will likely include:

Signs and symptoms
• Fever
• Pain
• Cellulitis
• Drainage
• Induration
• Warmth at the site
• Tachycardia
	Diagnosis and Treatment
	• Abscess is noted on clinical exam:
	  ○ Induration
	  ○ Erythema
	  ○ Drainage
	  ○ Fluctuance
	• Treatment:
	  ○ Oral Antibiotics, warm compresses
	  ○ Oral antibiotics +/- incision and drainage
	  ○ Incision and drainage alone
	
	Note: Most subcutaneous abscesses are MRSA. These abscesses are sensitive to Clindamycin or Bactrim based on the Children's Hospital of Wisconsin Antibiogram.
		Refer for surgical consideration if:
		• Complex abscess or size is greater than 5 cm, cellulitis and or induration
		• Any patient that is ill appearing – fever, tachycardia, hemodynamically unstable
		• If abscess is located on the face, genitalia, or hands
		• If the patient is immunocompromised
		• If the cellulitis is rapidly progressing
		• Failed simple drainage
		• If patient has concerns of bacteremia (pneumonia, bone or joint involvement)
			1. **Using Epic**
			• Please complete the external referral order
			In order to help triage our patients and maximize the visit, the following information would be helpful to include with your referral order:
			• Urgency of the referral
			• What is the key question you would like answered?
			Note: Our office will call to schedule the appointment with the patient.
			
			2. **Not using Epic external referral order:**
			• In order to help triage our patients and maximize the visit time, please **fax** the above information to **(414-607-5288**)
			• It would also be helpful to include:
			  • Chief complaint, onset, frequency
				After referral to Surgery:
				• Surgery will review all clinical data available
				• If I and D required:
				  ○ NPO appropriate
				  ○ Hemodynamically unstable/ill appearing → admit, IV Clindamycin with I and D to follow
				  ○ Hemodynamically stable, not ill appearing → schedule for return to surgery following day appropriately NPO → discharge home following procedure →+/1 oral antibiotics with follow up primary care provider 10-14 days. If complex abscess or co-morbid disease Surgery follow up 10-14 days.

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Updated by: Dr. David Gourlay and Kimberly Somers, APP

			• Recent progress notes • Labs and imaging results • Other Diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems.	
Causes A subcutaneous abscess is a collection of purulent material (pus) located in the subcutaneous tissue. The abscess is formed due to a subcutaneous tissue infection by a bacterium, a fungus or a parasite. Typically, this kind of abscess needs drainage, with packing or penrose drain placement for a minimum of 24 hours.				

Recurrent Skin Infections:

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Enhance Hygiene: keep draining wounds covered with dry, clean, bandages. Maintain good personal hygiene with regular bathing and cleaning of hands with soap and water or an alcohol-based hand gel, particularly after touching infected skin or an item that has been in direct contact with a draining wound.

Use Environmental Cleaning: Focus cleaning efforts on high-touch surfaces that may contact bare skin or uncovered infections: Bathtubs, toilet seats, counters, or door knobs. Commercially available cleaners or detergents appropriate for the surface being cleaned should be used according to label instructions.

Decolonization:

Nasal decolonization with mupirocin each nare 2 times per day for 5-10 days

Skin decolonization with antiseptic solution Chlorhexidine (CHG) for 5 – 14 days or dilute bleach baths (1 tsp per gallon of water or ¼ cup per ¼ tub or 13 gallons of water, given for 15 minutes 2 X per week for 3 consecutive months. **These products should be avoided in patients with open skin lesions/rash or eczema patients.**

References:

1. Evidenced-based guidance issued for treating MRSA infections. Jackson, MA. *AAP News* 2011;32;1
2. IDSA Guidelines: Catherine Liu, Arnold Bayer, Sara E. Cosgrove, Robert S. Daum, Scott K. Fridkin, Rachel J. Gorwitz, Sheldon L. Kaplan, Adolf W. Karchmer, Donald P. Levine, Barbara E. Murray, Michael J. Rybak, David A. Talan, and Henry F. Chambers Clinical Practice Guidelines by the Infectious Diseases Society of America for the Treatment of Methicillin-Resistant *Staphylococcus Aureus* Infections in Adults and Children *Clin Infect Dis. first published online January 4, 2011 doi:10.1093/cid/ciq146*

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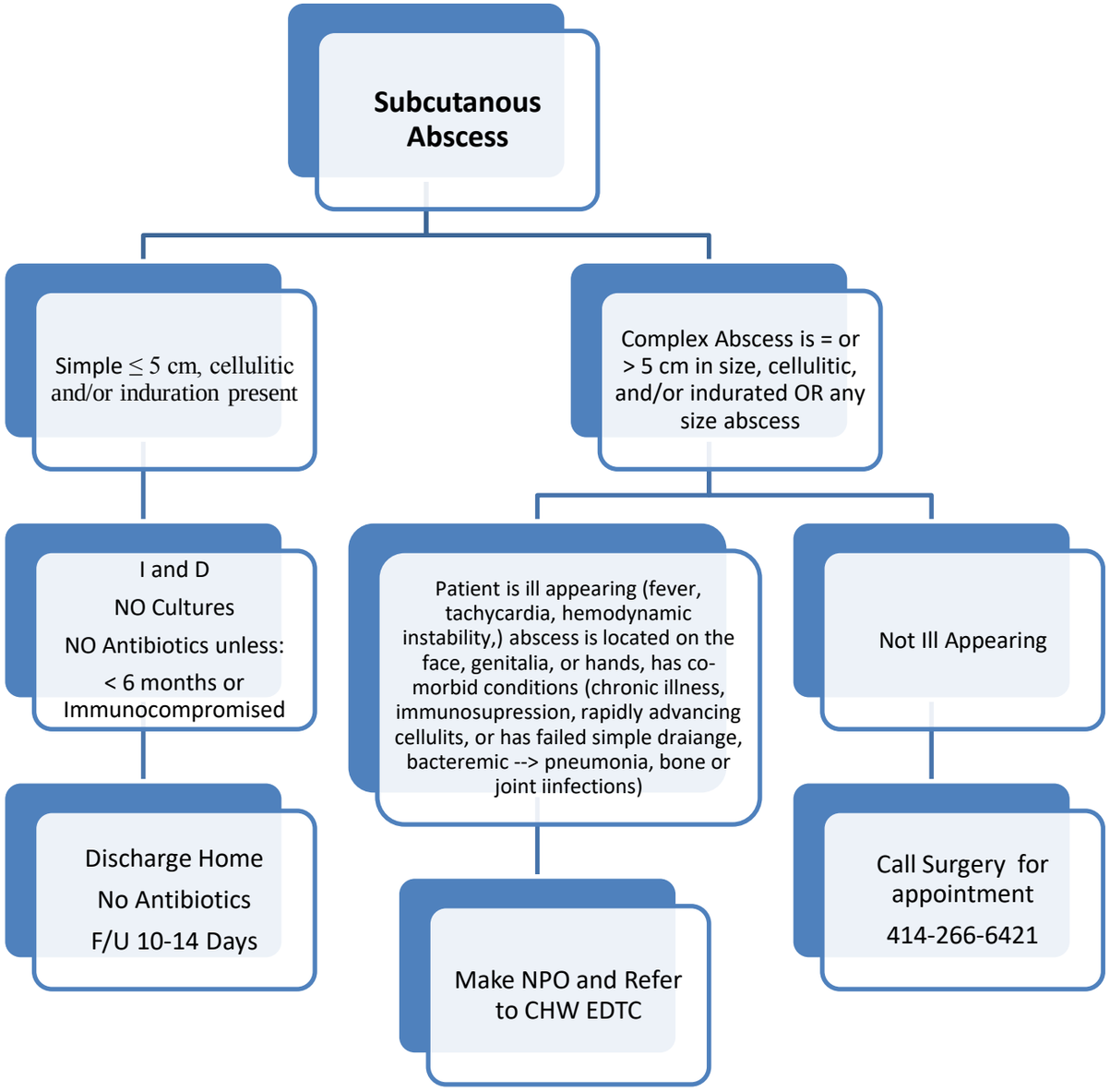

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