Children's 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 Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Subcutaneous Abscess

Symptoms:	Referring provider's initial evaluation and management:	When to refer to General Surgery:	What can referring provider send to Surgery?	Workup in General Surgery clinic will likely include:
 Fever Pain Cellulitis Drainage Induration Warmth at the site Tachycardia 	Evaluation: Abscess is noted on clinical exam: Induration Erythema Fluctuance Drainage Management: Oral Antibiotics, warm compresses Incision and drainage +/- oral antibiotics *Most subcutaneous abscesses are MRSA.	*Send directly to Emergency Department if ill appearing, hemodynamically unstable, rapidly progressing cellulitis, concern for bactermia (pneumonia, bone or joint involvement) • Complex abscess or size is greater than 5 cm with cellulitis and or induration • If abscess is located on the face, genitalia, or hands • If the patient is immunocompromised • Failed simple drainage	Physician Consultation Line at (800) 266- O366 Physician Consultation Line at (800) 266- O366 Internal provider using Epic: Place Ambulatory Referral to Surgery External Provider using EPIC: Please complete the external referral order to CHW SURGERY CLINICS If abscess is located on the face, genitalia, or hands If the patient is Physician Consultation Line at (800) 266- O366 Clinical data available Autority Place Ambulatory Referral to Surgery Fax to Central Scheduling at (414) 607-5288 - Or - Oalian arabulatory referral forms	Physical exam and review of all clinical data available
	These abscesses are sensitive to Clindamycin or Bactrim based on the Antibiogram OUTPATIENT table			



For questions concerning this work,
Contact mdconnect@childrenswi.org
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References

Evidenced-based guidance issued for treating MRSA infections. Jackson, MA. AAP News 2011;32;1

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

*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

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