

# Cellulitis and Abscess Antibiotic Table

	Condition			
	Non-purulent cellulitis	Purulent SSTI/ abscess	Bite wounds	Facial cellulitis of dental origin
<b>IV choice</b>	Cefazolin	Clindamycin	Ampicillin/sulbactam	Penicillin <b>OR</b> Ampicillin/sulbactam
<b>IV Alternatives</b>	Clindamycin if cephalosporin allergic  Consider vancomycin if rapidly progressive lesion; hemodynamic instability; ill-appearing	Vancomycin if presumed clindamycin resistant MRSA; rapidly progressive lesion; hemodynamic instability; ill-appearing; failed oral clindamycin as outpatient; abscess in an area difficult to drain completely such as face/hand/genitals  Call ID if linezolid desired	Cefoxitin (transition to clindamycin AND ciprofloxacin at discharge) if penicillin allergic	Clindamycin if penicillin allergic
<b>PO choice</b>	Cephalexin	No antibiotics if <b>low risk criteria*</b> met and abscess adequately drained  Clindamycin otherwise	Amoxicillin/clavulanate	Penicillin <b>OR</b> Amoxicillin/clavulanate
<b>PO Alternatives</b>	Clindamycin if cephalosporin allergic	TMP/SMX if presumed clindamycin resistant MRSA  Doxycycline if age >8 years and prior clindamycin and TMP/SMX resistant MRSA OR presumed clindamycin resistance and sulfa allergy  Call ID if linezolid desired	Doxycycline if age >8 years and penicillin allergy  Clindamycin AND ciprofloxacin for penicillin allergic patients  Call ID for other scenarios	Clindamycin if penicillin allergic

**\*Low risk criteria: Age ≥1 year; no fever; well-appearing; adequate I&D; no significant comorbidities**