Cellulitis (rapid onset & no abscess, wound, or other purulent focus of infection):

☐ Cefazolin 1g IV q8h ☐ Cefazolin 2g IV q8h (weight > 60kg)

Anaphylaxis to PCN &/or Severe Cephalosporin allergy

☐ Vancomycin pharmacy to dose

Comments:

- Patients should be on strict bed rest to facilitate resolution of swelling

Abscess (not chronic ulcer):

☐ Vancomycin Pharmacy to dose

Comments:

- Empiric gram-negative and/or anaerobic coverage is not routinely indicated
- Incision and drainage is primary therapy for abscesses

Diabetic Foot Infections:

If patient does not appear systemically ill (Tmax < 100.5^{o}F and WBC < 14,000 cells/mm^{3}):

☐ Hold antibiotics until adequate culture data available **OR**

☐ Ampicillin-sulbactam 3g IV q6h

If patient appears systemically ill (Tmax ≥ 100.5^{o}F and/or WBC ≥ 14,000 cells/mm^{3}):

☐ Piperacillin/tazobactam 3.375g IV q8h (extended infusion) **OR**

Severe PCN allergy, tolerates Cephalosporins

☐ Cefepime 1g IV q6h + Metronidazole 500mg IV q8h **OR**

Anaphylaxis to PCN &/or Severe Cephalosporin allergy

☐ Aztreonam 2g IV q8h + Metronidazole 500mg IV q8h

PLUS:

Vancomycin pharmacy to dose

Necrotizing fasciitis:

☐ Piperacillin/tazobactam 3.375g IV q8h extended infusion **OR**

Severe PCN allergy, tolerates Cephalosporins

☐ Cefepime 1 g IV q6h **OR**

Anaphylaxis to PCN &/or Severe Cephalosporin allergy

☐ Aztreonam 2 g IV q8h

PLUS:

Vancomycin pharmacy to dose **AND**

Clindamycin 900mg IV q8h

Comments:

- Emergent ID and Surgical consultation recommended