

Supplemental Table 5. SYSTEMIC ANTIMICROBIAL THERAPY FOR DEEP AND SURROUNDING INFECTION

Concern	Details
Folliculitis/furuncles (boils)	1. Usually self-limiting. Hot compresses, topical antiseptics may be beneficial (povidone iodine, chlorhexidine)
<i>Staphylococcus aureus</i> (not necessary to remove crusts)	2. Topical therapy: Mupirocin 2% cream/ointment (daily if covered, or if open BID). These agents should not be used on wounds where one mutation in the bacteria can lead to resistance to the antibiotic and they do not provide autolytic debridement or moisture balance. They also only treat Gram-positive bacteria and wounds often have multiple organism types including Gram-negative bacteria and anaerobes, which may or may not be playing a role. Allergic sensitization is also higher when these agents are used on chronic wounds. Systemic therapy: There may be dosage adjustment for kidney or liver disease, or in the case of potential drug interactions.
Carbuncles - adjacent hair follicles involved (moderate to severe)	1. Cephalexin 500 mg QID 2. Cloxacillin 500 mg QID 3. Clindamycin 300–450 mg QID OR TMP/SMX 1 DS BID
Perirectal abscesses/pressure injury	1. TMP/SMX 1–2 DS tabs BID OR ciprofloxacin 500–750 mg BID +/- ONE of the following: metronidazole 500 mg BID OR clindamycin 300–450 mg QID 2. Amoxicillin/clavulanate ALONE 500 mg TID or 875 mg BID *Ceftriaxone IM/IV +/- ONE of the following: metronidazole 500 mg BID OR clindamycin 300–450 mg QID 3. Cefazolin IV 1–2 g q8h PLUS ONE of the following: metronidazole IV/PO 500 mg q12h OR clindamycin IV/PO: 300–450 mg QID, IV: 600 mg q8h
Mild cellulitis	1. Cephalexin 500 mg QID 2. Cloxacillin 500 mg QID 3. Doxycycline 100 mg BID
Severe cellulitis	1. Cefazolin IV 1–2 g q8h 2. Amoxicillin/clavulanate 500 mg TID or 875 mg BID 3. Ceftriaxone IV 1–2 g OR clindamycin 600 mg q8h OR metronidazole IV 500 mg q12h
Cellulitis special considerations for diabetic foot (mild to moderate)	1. TMP/SMX 1–2 DS tab or cephalexin 500 mg QID +/- metronidazole 500 mg BID 2. Amoxicillin/clavulanate OR TMP/SMX plus clindamycin 3. Cefazolin IV PLUS ONE: metronidazole IV 500 mg q12h OR clindamycin IV 600 mg q8h
Cellulitis special considerations for diabetic foot (severe or limb threatening)	1. Any of the following: Ceftriaxone IM/IV 1–2 g q24h OR cefotaxime IV 1–2 g q8h PLUS ONE of metronidazole 500 mg BID OR clindamycin 300–450 mg QID 2. Moxifloxacin 400 mg OD Levaquin 750 mg OD PLUS ONE of metronidazole 500 mg q12h OR clindamycin PO 300–450 mg QID or IV clindamycin 600 mg q8h 3. Imipenem/cilastatin IV 500 mg q6h OR meropenem IV 1 g q8h or piperacillin/tazobactam IV 4.5 g/0.5 g q8h
Community-acquired MRSA (moderate)	1. TMP/SMX 2 tabs BID-QID or 1 DS tab BID-QID OR doxycycline 100 mg BID or clindamycin 150–450 mg QID
Community-acquired MRSA (severe)	1. Vancomycin IV 1 g q12h OR linezolid 400–600 mg q12h

Abbreviation: BID, twice daily; MRSA, methicillin-resistant *Staphylococcus aureus*; OD, daily; QID, four times daily; SMX, sulfamethoxazole; TID, three times daily; TMP, trimethoprim. Adapted from Anti-Infective Review Panel.²¹