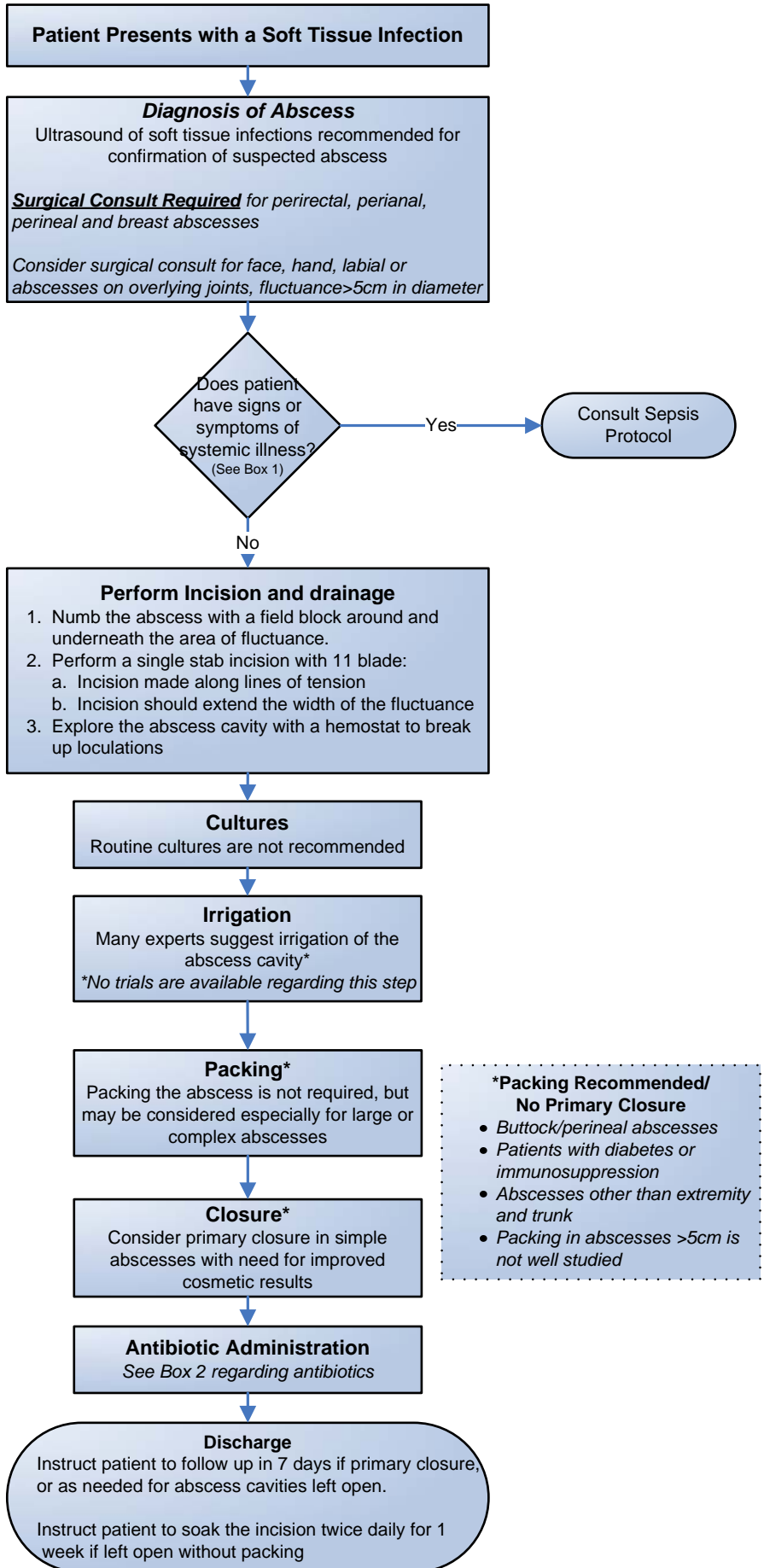


# EmergencyKT: Abscess Management



**Box 2**

**Consider Antibiotics in the Following cases:**  
 Significant surrounding cellulitis  
 Immunocompromised patients  
 Frequent recurrent abscesses  
 Prior treatment failure

**Recommended Regimens:**

- Bactrim 1-2 DS tablets twice daily AND Keflex 500mg four times daily x 5 days
- OR
- Clindamycin 300mg four times daily x 5 days (for penicillin allergic patients)

**Antibiotic Prophylaxis for Patients with Valvular or Structural Heart Disease at Risk for Endocarditis**

- Consider in all patients who would normally take antibiotics for other dental or surgical procedures. (please see AHA guidelines: <http://circ.ahajournals.org/content/116/15/1736.full.pdf+html>)
- Recommended regimens (to be given immediately before or up to 2 hours after procedure):
  - Cephalexin 2g (Pediatric Dose: 50mg/kg) PO x1 dose OR
  - Clindamycin 600mg (Pediatric Dose: 20mg/kg) PO, IM, or IV x1 dose OR
  - Vancomycin 15mg/kg IV x1dose

**\*Packing Recommended/ No Primary Closure**

- Buttock/perineal abscesses
- Patients with diabetes or immunosuppression
- Abscesses other than extremity and trunk
- Packing in abscesses >5cm is not well studied