UWTASP tele-antimicrobial stewardship program | echo

Jan 24, 2023

Agenda

- Speaker: *Recharge & Recap: Opportunities in SSTI*
- Case Discussions
- Open Discussion

Project ECHO

Top 5 Opportunities in SSTI (according to Chloe)

1) Hitting that diagnosis
2) Duration for simple cellulitis
3) Can we skip the antibiotics?
4) Purulent cellulitis – how many drugs?
5) Antipseudomonal coverage in DM foot

1) Hitting that Diagnosis

- Myth: skin that is red and swollen is definitely cellulitis
  - Pearl: ddx for these findings is LONG – DVT, gout, venous stasis dermatitis, etc.
  - Physical exam skill: passive leg raise

McCreary EK, J Emerg Med, 2017,
https://doi.org/10.1016/j.jemermed.2017.05.007

1) Hitting that Diagnosis

- Myth: bilateral lower-extremity swelling and redness = bilateral lower-extremity cellulitis
  - Pearl: direct inoculation through non-intact skin causes cellulitis. TRUE bilateral cellulitis should be SUPER rare

McCreary EK, J Emerg Med, 2017,
https://doi.org/10.1016/j.jemermed.2017.05.007

1) Hitting that Diagnosis

- Myth: if the redness extends beyond the drawn margin in cellulitis, the patient is getting worse
  - Pearl: redness can spread for 48 hours while on effective therapy. Follow redness intensity instead of extent

McCreary EK, J Emerg Med, 2017,
https://doi.org/10.1016/j.jemermed.2017.05.007

2) Cellulitis - duration

- 5 days

Stevens DL, Clin Infect Dis, 2014,
https://doi.org/10.1093/cid/ciu296

3) Can we skip the antibiotics?

- Small, drained abscesses don't always require antibiotics
  - Exceptions: Sepsis, large erythema, multiple lesions, bad places, risk for difficult healing

- But what's small?
  - 2cm
  - Even then, the benefit of treating with antibiotics is small
    - Failure 8 vs. 16%

Gottlieb M, Ann Emerg Med, 2019, 10.1016/j.annemergmed.2018.02.011

4) Purulent cellulitis – how many drugs?

- 1 Drug!
- Micro: Staph aureus (MSSA & MRSA) and Group A Strep
- Good data for 1 drug:
  - TMP/SMX
  - Vancomycin (if hospitalized)

5) Antipseudomonal coverage in infections of a DM foot wound

- Pseudomonas is RARE in DM foot infections in the US (5% in Denver[1], 4% in Nebraska)
- RCT comparing ertapenem to pip/tazo for mod/severe infections was equivalent[2]

- Empiric antipseudomonal coverage is unnecessary!
  - (cefepime, pip/tazo, mero, even FQ)

Young H, J Am Pod Med Assoc, 2015, 10.7547/0003-0538-105.2.125
Lipsky BA, Lancet, 2005, DOI: 10.1016/S0140-6736(05)67694-5

Other Opportunities