

## NECROTIZING FASCITIS

**\*\* Prompt surgery consult and consider Infectious Diseases consult**

Involvement of Specific Body Area	Surgical service to Consult
Dental origin with no airway involvement / compromise	Oromaxillofacial Surgery
Dental origin with airway involvement /compromise	ENT – Head & Neck Surgery
Head and neck	ENT
Lower extremity	Orthopedic surgery
Trunk (thorax and abdominal wall)	General surgery
External genitalia (male)	Urology
Female genital organs	Gynecology

Common pathogens: group A streptococci (GAS)\*\* or mixed infections caused by anaerobes and gram negative bacilli

Consider polymicrobial coverage in particular in clinical settings below:

- Surgical procedures involving bowel or penetrating abdominal trauma
- Decubitus ulcer or a perianal abscess
- IV drug users (consider adding vancomycin for empiric MRSA coverage)
- Spread from a Bartholin abscess or a minor vulvovaginal infection

### **Empiric or mixed aerobic / anaerobic organisms**

*Consider addition of IV vancomycin in patients at risk for MRSA infections*

Piperacillin-tazobactam IV q8h + clindamycin\* 600-900mg IV q8h (can discontinue clindamycin if it is non-GAS infection)

OR if resistant gram negatives are suspected

Meropenem 500mg IV q6h + clindamycin 600-900mg IV q8h

### **Confirmed Group A Streptococci\*\***

Penicillin G 4 MU IV q4h + clindamycin 600-900 IV q8h (reassess clindamycin when hemodynamically stable)

OR

*In patients with non-severe allergy to penicillin (i.e. absence of anaphylaxis)*

Ceftriaxone 2g IV q24h + clindamycin 600-900mg IV q8h (reassess clindamycin when hemodynamically stable)

Consider intravenous immune globulin (IVIG) 1g/kg on day 1, then 0.5g/kg on days 2 and 3 (obtained from Blood Bank). Alternate dosing strategy is 0.15g/kg/day x 5 days.

Request form through the Ministry of Health needs to be completed.

<http://transfusionontario.org/en/documents/?cat=non-neurology>

\*\*invasive GAS infection, including streptococcal toxic shock syndrome, necrotizing fasciitis, and meningitis, contact Infection Control Practitioner or Infectious Disease Physician for further details.