

Necrotizing Fasciitis

Definition: Soft tissue infection of the deeper tissues that causes necrosis along the muscle fascia and overlying subcutaneous fat that is rapidly progressive and lethal if not addressed. Clinical cues include pain out of proportion to exam, hemorrhagic bullae.

Treatment:

Emergent Infectious Diseases AND Surgical Consults should be placed for suspected necrotizing fasciitis. Surgical debridement should be performed immediately. Imaging does NOT rule out necrotizing fasciitis and should not delay these consultations. Obtain blood cultures, but this should not delay antibiotic administration.

Contact and droplet isolation is indicated.

Empiric Therapy:

First line therapy:

1. Vancomycin + either piperacillin-tazobactam 3.375g IV q8h extended infusion OR meropenem 1gm IV q8h + clindamycin 600mg-900mg IV q8h (for antitoxin effects)

Duration: Optimal duration for treatment has not been well defined in clinical trials. Continue antibiotics at least until no further surgical debridement is required and the patient's hemodynamic status has stabilized. This must be determined on a case-by-case basis with Infectious Diseases guidance.