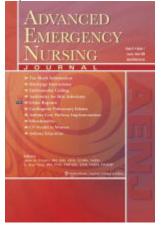
Selecting Antibiotics for Community-Acquired Skin and Skin Structure Infections in the Emergency

Department



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pneumonia

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ABSTRACT

The number of patients treated in emergency departments across the United States for communityacquired skin and soft tissue infections is on the rise. The purpose of this article is to articulate optimal antibiotic therapy for community-acquired skin and soft tissue infections. A table format has been selected to serve as a direct reference for nurse practitioners and physician assistants. In addition, background, common pathogens, and follow-up are discussed for each disease state as well as how cost might affect nurse practitioner's and physician assistant's antibiotic selection. <u>Table 1</u> is meant to serve as a quick reference for diagnosis and treatment of skin and skin structure infections that may present in the emergency department.



Table 1. Skin and skin structure infections (Continued)

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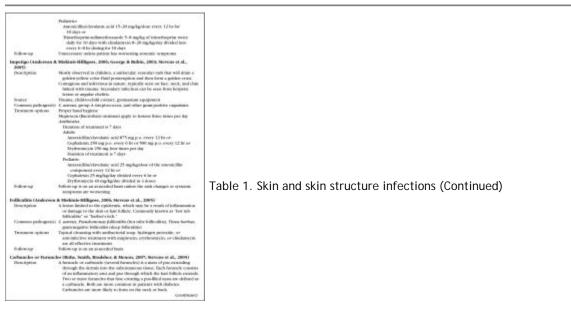
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Table 1. Skin and skin structure infections (Continued)

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COST 🛨

The recent downturn in the U.S. economy in combination with the ever-increasing cost of prescription medications presents challenges for providers when selecting antibiotics. However, over the past few

years many pharmaceutical retailers have implemented low-cost prescription formularies. One example of this practice is the large retail chain Wal-Mart. In October 2006, Wal-Mart introduced a list of \$4 prescriptions. Following this, several retail pharmacy and grocery store chains implemented similar policies. The medications on these lists typically contain generic medications. For example, amoxicillin (Augmentin; amoxicillin/clavulanic acid) is typically available, whereas amoxicillin may not be available to the patient for the reduced price. When a specific antibiotic must be used to treat a particular infection and it is not available for that patient, the pharmaceutical industry offers patient assistance programs as another option. Currently, multiple pharmaceutical companies offer a number of their medications through patient assistance programs often require considerable paperwork and can take a significant amount of time to gain reimbursement. In conclusion, the difficult economic times and inflated prescription prices that plague many patients can often be thwarted by prescribers through cautious prescribing and maximum use of all available resources.

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Key words: antibiotic selection; cellulitis; community-acquired infections; emergency department; pneumonia

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