

## Care and Treatment Plan: Localized Abscess and Furuncle – Adult

### Definition

- An abscess is a collection of pus in subcutaneous tissues.
- A furuncle, or boil, is an acute, tender, perifollicular inflammatory nodule or abscess.
- A carbuncle is a deep-seated abscess, formed by a cluster of furuncles, generally larger and deeper.

Registered Nurses with **Remote Nursing** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat localized abscess and furuncle in adults.

### Management and Intervention

For simple, localized abscesses and furuncles that are not ready for lancing, appropriate treatment includes the application of warmth, cleaning and protecting the abscess.

### Goals of Treatment

- Resolve infection
- Prevent complications

### Non-Pharmacologic Interventions

#### Small, localized abscess/furuncles/carbuncles

- Apply warm saline compresses to area at least QID for 15 minutes (this may lead to resolution or spontaneous drainage if the lesion or lesions are mild)
- Cover any open areas with a sterile dressing
- Once abscess become fluctuant, if it has not spontaneously begun to drain, lance and continue with heat to facilitate drainage. Do a C&S of drainage. Rest, elevate, and gently splint infected limb.

### Pharmacologic Interventions

- For pain or fever
- Acetaminophen 325mg 1-2 tabs PO q 4-6 h PRN or
- Ibuprofen 200mg, 1-2 tabs PO q 4-6 h PRN

*Note:* Antibiotics are only recommended if one or more of the following are present:

- The abscess is more than 5cm
- There are multiple lesions
- There is surrounding cellulitis
- It is located in the central area of the face
- It is peri-rectal
- There are systemic signs of infection
- The client is immunocompromised
- The client is known to be MRSA positive

### Antibiotics

First line if MRSA is not suspected:

- Cloxacillin 500mg PO QID for 5-7 days, or

- Cephalexin 500mg PO QID for 5-7 days

If allergic to penicillin and cephalexin, if MRSA positive, or a known MRSA positive diagnosis in the past or in the household

- Doxycycline 100mg PO BID for 5-7 days, or
- Trimethoprim 160mg/sulfamethoxazole 800mg (DS) 1 tab PO BID for 5-7 days

### Pregnant or Breastfeeding Women

- Acetaminophen, cloxacillin, and cephalexin may be used as listed above.

DO NOT USE ibuprofen, trimethoprim 160mg/sulphamethoxazole 800mg or doxycycline.

### Potential Complications

- Cellulitis
- Necrotising fasciitis
- Sepsis
- Scarring
- Spread of infection (e.g., lymphangitis, lymphadenitis, endocarditis)
- Recurrence

### Client Education and Discharge Information

- Instruct client to keep dressing area clean and dry
- Recommend that client avoid picking or squeezing the lesions
- Return to clinic at any sign of cellulitis or general feeling of illness
- Counsel client about appropriate use of medications (dose, frequency)
- Stress importance of regular skin cleansing to prevent future infection (in clients with recurrent disease, bathe the area bid with a mild antiseptic soap to help prevent recurrences)
- Do not use public hot tubs or swimming pools

### Monitoring and Follow-up

- Follow up daily until infection begins to resolve
- Instruct client to return immediately for reassessment if lesion becomes fluctuant, if pain increases, or if fever develops.

### Consultation and/or Referral

Consult with a physician or nurse practitioner promptly for potential intravenous (IV) therapy if:

- Client is febrile or appears acutely ill
- Extensive abscesses, cellulitis, lymphangitis or adenopathy are present
- An abscess is suspected or detected in a critical region (i.e., head or neck, hands, feet, perirectal area, over a joint)
- Immunocompromised client (i.e., diabetic)
- Infection recurs or does not respond to treatment

### Documentation

- As per agency policy.

## References

More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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