Children's Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Subcutaneous Abscess				
Symptoms:	Referring provider's initial evaluation and management:	When to refer to General Surgery:	What can referring provider send to Surgery?	Workup in General Surgery clinic will likely include:
 Fever Pain Cellulitis Drainage Induration Warmth at the site Tachycardia 	Evaluation: Abscess is noted on clinical exam: Induration Erythema Fluctuance Drainage*If unsure if abscess present and imaging readily available, obtain ultrasound. Management: No abscess, cellulitis only: Systemic antibiotics at provider's discretion No abscess: Topical mupirocin and warm compresses Exam consistent with abscess (fluctuance, drainage): Incision and drainage +/- systemic oral antibiotics at provider's discretion	 *Send directly to Emergency Department if: Toxic-appearing Hemodynamically unstable Rapidly progressing cellulitis Concern for bacteremia (pneumonia, bone or joint involvement) Immunocompromised Complex abscess or size is greater than 5 cm with cellulitis and/or induration Age <3 months Temp >38.3 and age <1 yearlf abscess is located on the face, genitalia, or hands Failed simple drainage at same site 	If urgent or emergent, please call the Physician Consultation Line at (800) 266-0366 Internal provider using Epic: Place Ambulatory Referral to Surgery External Provider using EPIC: Please complete the external referral order to CHW SURGERY CLINICS - or - Fax to Central Scheduling at (414) 607-5288 - or - Online ambulatory referral form Urgency of referral Question to be answered Chief complaint including onset, frequency Recent progress note or office note Labs and imaging results Pictures if feasible	 Review of clinical history, physical exam, and if indicated imaging (most commonly an ultrasound).



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References

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*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

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