

Criteria for Use of Dalbavancin for Acute Bacterial Skin/Soft Tissue Infection (abSSTI)

1. Patients meeting any of the following are NOT ELIGIBLE for dalbavancin therapy:
 - a. History of hypersensitivity reaction to lipoglycopeptide antibiotics (vancomycin, televancin, dalbavancin, oritavancin).
 - b. Patients with acute bacterial skin or skin structure infections such as superficial/simple cellulitis/erysipelas, impetiginous lesion, furuncle, or simple abscess that only requires surgical drainage for cure.
 - c. Infection thought to be caused by gram-negative bacteria
 - d. Infection due to an organism suspected or known to be resistant to dalbavancin or vancomycin
2. For outpatient use (i.e. ED)
 - a. Contact infectious disease for authorization: ABX approval pager (see ON-CALL schedule)
 - b. The following clinical criteria must be met:
 - i. Pre-antibiotic blood cultures must be drawn.
 - ii. Clinical condition expected to require ≥ 24 hours of IV antibiotics – must not qualify for oral antibiotic therapy.
 - iii. Presence of cellulitis, major abscess or a wound infection associated with at least 75cm² of erythema highly suspected or known to be caused by gram-positive bacteria.
 - iv. The size of the infection must be clearly documented and/or outlined prior to leaving the ED, preferably with a photograph.
 - v. Patient to be discharged to home \pm home health (not to skilled nursing facility).
 - c. Required follow up must be set up prior to leaving the ED:
 - i. Must document patient contact info for follow up, preferably reliable cell phone number.
 - ii. Must have follow up within 48-72H with Dr. Turnipseed (916-765-0196) or Rominski.
 1. Email patient name, MRN, and phone number.
 2. If unavailable, follow up must be set up with AIMS clinic.
 - iii. Must document follow up with progress note in EMR.
3. For inpatient use
 - a. Infectious Disease Consult and authorization only

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