



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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