MANAGEMENT OF CELLULITIS IN ADULTS

NHS Tayside

Diagnosis

Flu-like symptoms, malaise, onset of UNILATERAL swelling, pain, redness.

EXCLUDE other inflammatory/non-infectious causes eg. bites, chronic venous insufficiency/eczema.

Assess severity and MRSA risk. If patient is diabetic or has a chronic wound or infection near eyes/nose also refer to additional guidance.

Mild	Sepsis	Septic Shock and/or Necrotising Fasciitis (NF)
No signs of systemic toxicity and can be managed with oral antimicrobials on an outpatient basis or in primary care.	Systemically unwell and/or NEWS ≥5	**Evidence of end organ dysfunction despite fluid resuscitation** **and/or** **local signs of necrotising fasciitis** (e.g. pain / systemic upset disproportionate to appearance, bullae, haemorrhage / bruising, rapid progression, crepitus)

Investigations

- FBC
- CRP
- U+E
- Culture any exudate
- Blood Cultures (not for mild cases)
- Glucose
- Lactate (not for mild cases)

Consider drawing around infection margin with a single use surgical marker to monitor progress

Treatment

Reassess patient if symptoms worsen rapidly/significantly or if no improvement within 2-3 days. Advise patient that skin may take several weeks to return to normal appearance.
Consider Tinea pedis as site of entry – treat with antifungal cream
e.g. terbinafine 1% cream twice daily for 7 days.

	First line	Penicillin allergy or at risk of MRSA
Mild	Flucloxacillin oral 1g QDS for **5-7 days** If not resolving: Doxycycline 100mg BD for **5-7 days**	Doxycycline oral 100mg BD for **5-7 days** If not resolving and penicillin allergy: Clindamycin (see dosing in oral switch box below) If not resolving and MRSA risk: seek ID/Micro advice
Sepsis	Flucloxacillin 1g QDS IV Increase to 2g QDS if BMI>30 Step down: Flucloxacillin oral	Vancomycin IV (see vancomycin guideline) Step down: Doxycycline oral
Septic Shock and/or Necrotising Fasciitis	Request **URGENT** Plastic / General Surgical review if suspicion of NF **Discuss with ID or Micro within 24 hours of admission**	
	Flucloxacillin 2g IV QDS + Clindamycin 1.2g IV QDS + Gentamicin 7mg/kg IV (see gentamicin guideline) Note: Fournier's Gangrene - piperacillin/tazobactam IV 4.5g tds + clindamycin IV 1.2g tds + gentamicin IV	**Penicillin allergy:** Clindamycin 1.2g IV QDS + Gentamicin 7mg/kg IV (see gentamicin guideline) **At risk of MRSA:** As above + Vancomycin IV (see vancomycin guideline)

Suggested criteria for oral switch and/or discharge	Suitable agents for oral switch therapy (IV/PO duration 7 days if severe cellulitis)
➢ Pyrexia settling ➢ Less intense erythema ➢ Falling inflammatory markers AND ➢ meets IV to Oral Switch criteria	• Flucloxacillin 1g qds *Penicillin allergy -* • Doxycycline 100mg bd or • Clindamycin 300mg tds <50kg • Clindamycin 450mg tds 50-90kg • Clindamycin 600mg tds or 450mg qds >90kg *MRSA and not doxycycline sensitive -* • Seek ID/Micro advice

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OHPAT Service:
For patients who may be suitable for IV outpatient therapy please follow referral process