MANAGEMENT OF CELLULITIS IN ADULTS

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

Decide Classification

Class I	Class II	Class III	Class IV
Patients have no signs of systemic toxicity, have no uncontrolled co-morbidities and can be managed with oral antimicrobials on an outpatient basis.	Patients are either systemically ill or systemically well but with a co-morbidity such as peripheral vascular disease, chronic venous insufficiency or morbid obesity which may complicate or delay resolution of their infection.	Patients may have a significant systemic upset such as acute confusion, tachycardia, tachypnoea, hypotension, or may have unstable co-morbidities that may interfere with a response to therapy or have a limb threatening infection due to vascular compromise.	Patients have sepsis syndrome or severe life threatening infections such as necrotising fasciitis.

Lab Investigations

Class II – IV	Selected Patients
• FBC • CRP • U+E • Culture any ulceration or blister fluid	• Blood cultures - Class III or IV only

Treatment

Consider tinea pedis as site of entry – treat with antifungal cream

	First line	Second line or penicillin allergy
Class I	Flucloxacillin 1g qds po	Clindamycin 300mg tds po
Class II	Flucloxacillin 1g qds IV * or Ceftriaxone 1g od IV (OPHAT)	Clindamycin 600mg qds IV or 450mg tds po
Class III	Flucloxacillin 1g qds IV *	Clindamycin 600mg qds IV
Class IV	Benzylpenicillin 2.4g 2-4 hourly IV + ciprofloxacin 400mg bd IV + clindamycin 600mg – 1.2g qds IV (If allergic to penicillin use ciprofloxacin and clindamycin only) – for more information refer to Penicillin Hypersensitivity Guideline. **NB Discuss with local ID or Microbiology service**	

***Note**: Do NOT use Flucloxacillin IV 2g qds unless patient is very obese.

Suggested criteria for oral switch and/or discharge	Suitable agents for oral switch therapy
• Pyrexia settling • Co-morbidities stable • Less intense erythema • Falling inflammatory markers	• Flucloxacillin 1g qds If penicillin allergy - • Clindamycin 300mg tds if <90kg • Clindamycin 450mg tds if >90kg

Prophylaxis for recurrent cellulitis
- Discuss with Infection specialist prior to prescribing
- 2 or more episodes at the same site
- Penicillin V 250mg bd or Erythromycin 250mg bd for up to 2 years

ASD Anti-infectives Committee
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