LRI Emergency Department		v24	Patient details					① Features of instability?		
the	Cellulitis in adults Version 55			g Party 12No C44/2015	Full name				١ŏ	YES - at least one of the below
art of 1 Path					Halle					Acute physiology
Designed by Martin Wiese as part of the LLR Adult Cellulitis Teicoplanin Pathway	Intended to aid severity classification & management DO NOT use in lymphedema or diabetic foot infections (use available alternative guidance), osteomyelitis, decubitus ulcer, chronic stasis ulcer or dermatitis Disclaimer: This is a clinical template; clinicians should always use judgment when managing individual patients		Re-approved by Antimicrobial Working Party 12Nov24 Review due Nov27 . Trust Ref: C44/2015	DoB Unit number	(use	e sticker if available	≘)		Pulse > 99/min (after antipyretics) Respiratory rate > 20/min Systolic BP < 100mmHg Acutely altered mental state Comorbidity-related Chronic stasis ulcer Uncontrolled diabetes Peripheral vascular disease with critical ischaemia or ulcer NO - none of the above	
•									a	Dationt markidly about
 Obtain vital signs & capillary Assess pain and address any Complete boxes 1 - 3 									2	•
				Obtain FBC, venous blood gas (VBG), U&E,					1. Record weight 2. Work out BMI and height using MD calc below web calculator	
CBG Are IV access a tests required (s									Weight	
				Sepsis assessment						
Offer antipyretic / antiemet				ics as n	eeded			J ,		kg
 Outline leading skin edge w Document affected area on 										Height
Vital signs Any sepsis red flags							ted-flag			J. T.
Temp on NC assessm				nent? Y sepsis likely					□ cm □ in	
Ţ										YES, as BMI is 40 or greater
° C Rapidly deteriorating cellu							Ī	NO, as BMI is less than 40		
purple discolorat			e discoloration sproportional	n and / or Y TV						
% on air		• Manage in the ER						3	IV antimicrobials required?	
Resp rate		Fei	• Complete sepsis six actions in Nervecentre assessment • Inform DART on #6826						ш	YES – as at least one of the below Systemic features of infection
(see box 1) or outpo exclusions (see			ient therapy (Y) If suspecting necrotizing					Temperature > 37.9° C Uomiting		
Heart rate		N	Class III Surgical specialty NOW In IVDU, consider anthrax				cialty NOW		Relevant comorbidities Morbid obesity (i.e. BMI ≥40; see box 2)	
			IV antimicrol	hials			Charl autic	microbial as		Treated diabetes Glucose in ED > 11mmol/L Liver cirrhosis
ре	er min	rec	quired (see b	ox 3)?	Y Clas	5		on reverse		Evidence of peripheral vascular disease Evidence of chronic venous insufficiency
	BP		Ţ				Refer to	• Medicine		NO – as none of the above
							(i.e. AMU/AF) • Periorbital ce Ophthalmology			
	- 1						Other facial of Maxillofacial su	ellulitis	4)	Blood tests needed? Yes - as at least one of the below
			Class				If suspecting ne • Scrotum - Uro	crotizing fasciitis	-	Aged 65 years or older
Vulva - Gynaecology Trunk and perineum								_	Features of instability (see box 1) IV antimicrobials required (see box 3)	
(including axilla, groin and buttocks above infragluteal fold) or able to self-care? General Surgery									No – as none of the above	
Complete discharge bundle Complete discharge bundle Complete discharge bundle									©	Outpatient therapy exclusions?
Prescribe TTO antimicrobials as per box 6 on reverse					Upper Limb Mon to Thu - Orthopaedics				5	Yes - at least one of the below
Consider TTO analgesia Hand out Cellulitis PIL Admit to EDU on Cellulitis pathway Fri to Sun - Plastics Head and Neck - ENT									Cellulitis due to animal or human bite Cellulitis known to be caused by MRSA Facial or orbital involvement	
Have you considered the <u>DEXACELL study</u> ? See posters around the <u>ED</u> . Worsening while on outpatient IV antibiotics, or failure to improve after being on it for 48h Rapidly progressive infection										
Patie seen										Acute renal impairment (if U&E were needed) Immunosuppression Unrelated medical reason to admit
by	Р	rint name	Sign	ature		Role	Date	Time		No – none of the above

(6) Antimicrobial therapy recommendations (mark the applicable regimen by ticking the relevant boxes) Important notes - read me first Seek microbiologist advice if cellulitis might be due to MRSA, or if patient is pregnant or breast-feeding If switching from flucloxacillin to teicoplanin there is no need to wait before first dose of teicoplanin Antimicrobials may enhance the effect of warfarin - increase INR monitoring during and after antimicrobial therapy Have you considered enrolling your patient into the <u>DEXACELL study</u>? See link & posters around the ED. Severity class **Routine patients** Penicillin-allergic patients PO Flucloxacillin 1G QDS 1 week PO Doxycycline 200 mg OD for 1 week **Outpatient IV** eGFR normal eGFR normal regimen Day 1 IV Teicoplanin BD * Day 1 IV Teicoplanin BD * Day 2-5 IV Teicoplanin OD * Day 2-5 IV Teicoplanin OD * (includes non-Day 6-7 PO Flucloxacillin 1G QDS Day 6-7 PO Doxycycline 200mg OD responders to class I eGFR 10 - 80mL/min eGFR 10 - 80mL/min therapy) Day 1 IV Teicoplanin BD * Day 1 IV Teicoplanin BD * Day 2-4 IV Teicoplanin OD * Day 2-4 IV Teicoplanin OD * Day 5 - no antimicrobial -Day 5 - no antimicrobial -Day 6-7 PO Flucloxacillin 1G QDS Day 6-7 PO Doxycycline 200mg OD eGFR < 10mL/min - patient not suitable eGFR < 10mL/min - patient not suitable Community eGFR normal or > 9mL/min eGFR normal hospital • Day 1-5 IV Flucloxacillin 2G QDS • Day 1 IV Teicoplanin BD * regimen Day 2-5 IV Teicoplanin OD * Day 6-7 PO Flucloxacillin 1G QDS Day 6-7 PO Doxycycline 200mg OD eGFR < 10mL/min eGFR 10 - 80mL/min • Day 1-5 IV Flucloxacillin 1G QDS Day 1 IV Teicoplanin BD * Day 2-4 IV Teicoplanin OD * Day 5 - no antimicrobial -Day 6-7 PO Flucloxacillin 1G QDS Day 6-7 PO Doxycycline 200mg OD eGFR < 10mL/min – patient not suitable Teicoplanin dosing under 71kg 71 - 100kg 101 - 130kg ☐ 131 - 170kg over 170kg notes give 400mg give 600mg give 800mg give 1000mg discuss with microbiologist Ш eGFR normal Vancomycin for 1 week; dosing as per & IV Flucloxacillin 2G QDS for 1 week Vancomycin Adult Prescription Chart (print chart from 'ER - Other' eGFR < 10mL/min ED on-demand print menu) IV Flucloxacillin 1G QDS for 1 week ⑦ Blood results ® Discharge vitals U&E Coagulation screen SpO₂ on air Na **INR** LFT Resp rate Κ **FBC** <u>Albumin</u> /min WBC Urea Pulse rate Bili /min Crea Hb BP ΑP eGFR **Platelets** ALT Temp ° C