

Cellulitis in adults

Version 55

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

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Features of instability?

YES - at least one of the below

Acute physiology

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

② Patient morbidly obese?

1. Record weight and height below

2. Work out BMI using MD calc [web calculator](#)

Weight kg

Height cm in

BMI

YES, as BMI is 40 or greater

NO, as BMI is less than 40

③ IV antimicrobials required?

YES - as at least one of the below

Systemic features of infection

Temperature > 37.9° C

Vomiting

Relevant comorbidities

Morbid obesity (i.e. BMI ≥40; see box 2)

Treated diabetes

Glucose in ED > 11mmol/L

Liver cirrhosis

Evidence of peripheral vascular disease

Evidence of chronic venous insufficiency

NO - as none of the above

④ Blood tests needed?

Yes - as at least one of the below

Aged 65 years or older

Features of instability (see box 1)

IV antimicrobials required (see box 3)

No - as none of the above

⑤ Outpatient therapy exclusions?

Yes - at least one of the below

Cellulitis due to animal or human bite

Cellulitis known to be caused by MRSA

Facial or orbital involvement

Worsening while on outpatient IV antibiotics, or failure to improve after being on it for 48h

Rapidly progressive infection

Acute renal impairment (if U&E were needed)

Immunosuppression

Unrelated medical reason to admit

No - none of the above

CBG

Vital signs

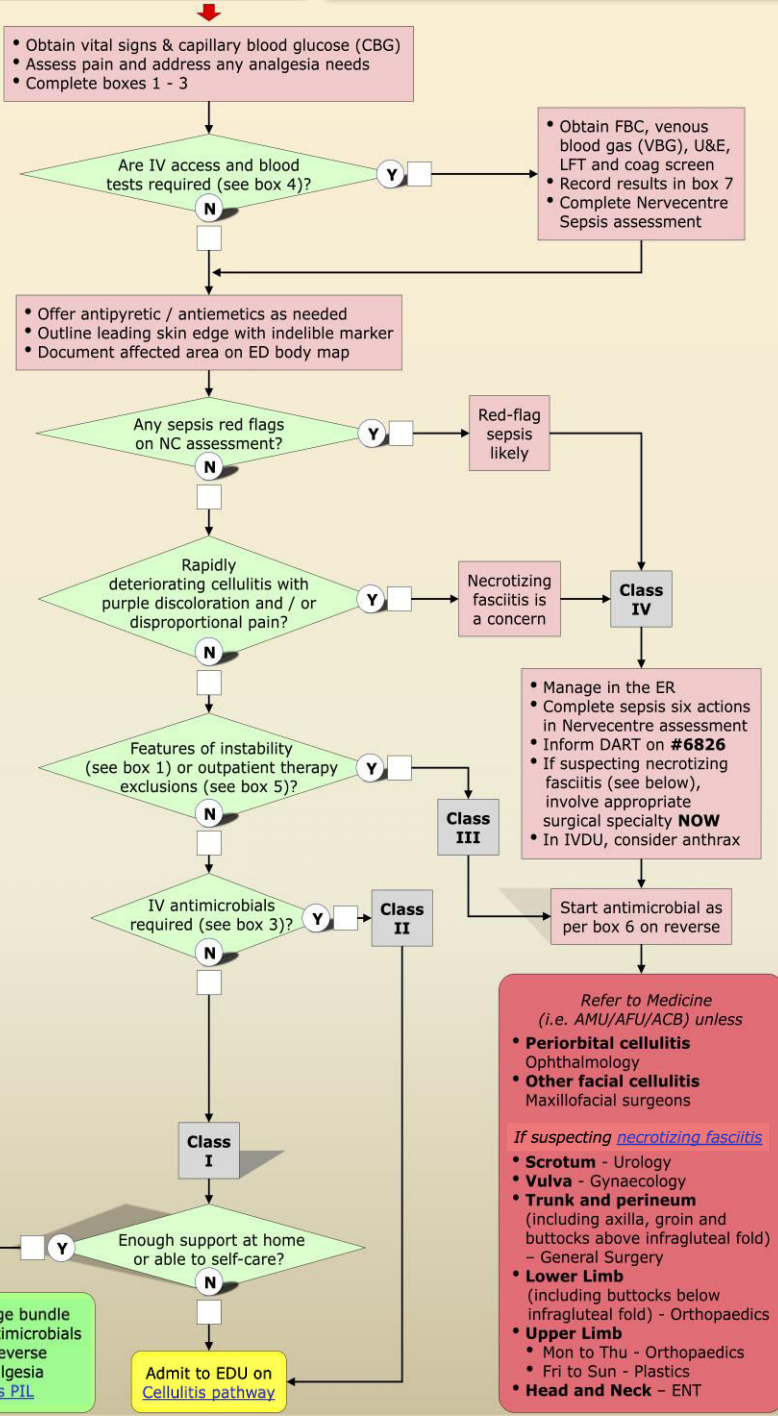
Temp °C

SpO₂ % on air

Resp rate per min

Heart rate per min

BP



Have you considered the DEXACELL study? See posters around the ED.

Patient seen by

Print name Signature Role Date Time

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 [DEXACELL study](#)? See link & posters around the ED.**

Severity class	Routine patients	Penicillin-allergic patients			
I	<input type="checkbox"/> PO Flucloxacillin 1G QDS 1 week	<input type="checkbox"/> PO Doxycycline 200 mg OD for 1 week			
II Outpatient IV regimen (includes non-responders to class I therapy)	<input type="checkbox"/> eGFR normal <ul style="list-style-type: none"> • Day 1 IV Teicoplanin BD * • Day 2-5 IV Teicoplanin OD * • Day 6-7 PO Flucloxacillin 1G QDS 	<input type="checkbox"/> eGFR normal <ul style="list-style-type: none"> • Day 1 IV Teicoplanin BD * • Day 2-5 IV Teicoplanin OD * • Day 6-7 PO Doxycycline 200mg OD 			
	<input type="checkbox"/> eGFR 10 - 80mL/min <ul style="list-style-type: none"> • Day 1 IV Teicoplanin BD * • Day 2-4 IV Teicoplanin OD * • Day 5 - no antimicrobial - • Day 6-7 PO Flucloxacillin 1G QDS <p><i>eGFR < 10mL/min – patient not suitable</i></p>	<input type="checkbox"/> eGFR 10 - 80mL/min <ul style="list-style-type: none"> • Day 1 IV Teicoplanin BD * • Day 2-4 IV Teicoplanin OD * • Day 5 - no antimicrobial - • Day 6-7 PO Doxycycline 200mg OD <p><i>eGFR < 10mL/min – patient not suitable</i></p>			
Community hospital regimen	<input type="checkbox"/> eGFR normal or > 9mL/min <ul style="list-style-type: none"> • Day 1-5 IV Flucloxacillin 2G QDS • Day 6-7 PO Flucloxacillin 1G QDS 	<input type="checkbox"/> eGFR normal <ul style="list-style-type: none"> • Day 1 IV Teicoplanin BD * • Day 2-5 IV Teicoplanin OD * • Day 6-7 PO Doxycycline 200mg OD 			
	<input type="checkbox"/> eGFR < 10mL/min <ul style="list-style-type: none"> • Day 1-5 IV Flucloxacillin 1G QDS • Day 6-7 PO Flucloxacillin 1G QDS 	<input type="checkbox"/> eGFR 10 - 80mL/min <ul style="list-style-type: none"> • Day 1 IV Teicoplanin BD * • Day 2-4 IV Teicoplanin OD * • Day 5 - no antimicrobial - • Day 6-7 PO Doxycycline 200mg OD <p><i>eGFR < 10mL/min – patient not suitable</i></p>			
* Teicoplanin dosing notes	<input type="checkbox"/> under 71kg give 400mg	<input type="checkbox"/> 71 - 100kg give 600mg	<input type="checkbox"/> 101 - 130kg give 800mg	<input type="checkbox"/> 131 - 170kg give 1000mg	<input type="checkbox"/> over 170kg discuss with microbiologist
III & IV	<input type="checkbox"/> eGFR normal IV Flucloxacillin 2G QDS for 1 week	<input type="checkbox"/> Vancomycin for 1 week; dosing as per Vancomycin Adult Prescription Chart (print chart from 'ER – Other' ED on-demand print menu)			
	<input type="checkbox"/> eGFR < 10mL/min IV Flucloxacillin 1G QDS for 1 week				

⑦ Blood results

LFT	U&E	Coagulation screen
Albumin	Na	INR
Bili	K	FBC
AP	Urea	WBC
ALT	Crea	Hb
	eGFR	Platelets

⑧ Discharge vitals

SpO ₂ on air	<input type="text"/>	%
Resp rate	<input type="text"/>	/min
Pulse rate	<input type="text"/>	/min
BP	<input type="text"/>	mm Hg
Temp	<input type="text"/>	° C