




Cellulitis

Queensland Ambulance Service

Exclusion from transport to General Practice


-  Complete inability to mobilize independently
-  Systemically unwell
-  Observations:
 - Temperature $>38^{\circ}$ or $<36^{\circ}$
 - Heart rate >90 bpm
 - Respiratory rate >24 bpm
 - Blood Pressure <100 mmHg Systolic.

Management

- Analgesia as required





General Practice

Assessment

-  Elderly patients may not have observations typical of sepsis

1. Continually assess observations
2. Determine area affected (periorbital, orbital, joint, perineum)
3. Determine cause (injury, animal/human bite)
4. Determine environmental contribution (fresh or sea water)
5. Check for presence of a collection
6. Review comorbidities and medications
7. Take swabs of any discharge present

Management

-  Presence of sepsis is for direct admission to **Emergency Department**
-  Periorbital, orbital and perineal infection is for direct admission to **Emergency Department**
-  Presence of a collection is for direct admission to **Emergency Department**
-  Suspected septic arthritis or osteomyelitis is for direct admission to **Emergency Department**

First line treatment:

- Consider appropriate analgesia +/- NSAID
- Demarcate area of erythema with a permanent skin marker
- Minor Cellulitis: (Treatment duration is 5 days)
 - Flucloxacillin 500mg QID ORAL (use caution if any renal impairment is present); or,
 - Cephalexin 500mg QID ORAL (if penicillin sensitivity is known); or,
 - Clindamycin 450mg TDS ORAL (if penicillin anaphylaxis is known)
- Cellulitis due to animal (dog) or human bite:
 - Augmentin Duo Forte BD ORAL; or,
 - Ciprofloxacin 500mg BD ORAL + Clindamycin 450mg TDS ORAL (if penicillin reactions known); or,
 - Metronidazole 400mg BD ORAL +
 - Doxycycline 200mg STAT ORAL then 100mg DAILY ORAL; or,
 - Trimethoprim+Sulfamethoxazole 160+800mg BD ORAL
- Review in clinic in 72 hours

Failure to respond to antibiotics at 72 hours:

- Reconsider environmental factors and alter treatment accordingly
- Alter treatment according to any swab results
 - If swab results are normal and cellulitis is not improving, **for direct admission to Emergency Department**
- Review with usual G.P. in 1 week

Escalation triggers

Refer to the Emergency Department

If the patient has any of the following, please call the Infectious Diseases Registrar (5470 6600) prior to referral to the Emergency Department:

- Presence of sepsis
- Periorbital, orbital and perineal infection
- Presence of a collection
- Suspected septic arthritis or osteomyelitis
- Failure of oral therapies at 72 hours
- Worsening pain requiring intramuscular analgesics
- Any other serious clinical concerns not already listed

Disclaimer:

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.



Governance for Safety and Quality in Health Service

Organisations - Standard 1

Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.



Service Delivery - Standard 11

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.



Provision of Care - Standard 12

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.



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