**This ambulatory pathway is to be used for patients with cellulitis. Patients can be added to the pathway before or during admission to Caterham Dene. It does not replace the medical notes for the patient episode.**

Site of cellulitis:

|  |  |
| --- | --- |
| **Inclusion criteria (must have all)** | **Tick** |
| Limb well perfused |  |
| Able to manage at home or community hospital |  |
| Able to return for review in 5 days |  |
| No other reason for acute hospital admission |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusion criteria (exclude if 2 or more)** |  | **Exclusion criteria (exclude if any 1)** | **Tick** |
| RR >20 |  | Pregnant |  |
| Temp <36 or >38 |  | Immunosuppression |  |
| Pulse >90 |  | Peripheral vascular disease |  |
| Systolic BP <100 |  | Significant broken skin areas |  |
| WBC <4 or >14 |  | Could be managed on oral therapy |  |
|  |  | Diabetic foot |  |
|  |  | Human/animal bites |  |
|  |  | Water exposure (fresh, sea or tank) |  |

**Initial Investigations**

Ensure that FBC, UE, LFT and CRP are sent and reviewed. Blood cultures should be done if febrile.

Swabs are not necessary with no portal of entry & X-rays should only be performed if osteomyelitis is likely.

**Antibiotic choice**

Choose between ceftriaxone **OR** teicoplanin.

Choose ceftriaxone if **no** allergy to penicillin/cephalosporin and no resistance known. Ceftriaxone can be used in patients who had a simple maculopapular rash with peniclllin. Choose teicoplanin in patients known to have MRSA.

Please sign the regime required and cross through the others.

|  |  |
| --- | --- |
| Drug | **CEFTRIAXONE** |
| eGFR ml/min | No dose adjustment required for renal impairment |
| Day 1 | 1g iv OD |
| Day 2 | 1g iv OD |
| Day 3 | 1g iv OD |
| Day 4 | 1g iv OD |
| Day 5 | 1g iv OD |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Drug | **TEICOPLANIN** | | | | | | | | |
| Weight | **<75kg** | | | **75-92kg** | | | **>92kg** | | |
| eGFR (ml/min/1.73m2) | 10-39 | 40-60 | >60 | 10-39 | 40-60 | >60 | 10-39 | 40-60 | >60 |
| Day 1 | 400mg  BD | 400mg  BD | 400mg  BD | 500mg  BD | 500mg  BD | 500mg  BD | 600mg  BD | 600mg  BD | 600mg  BD |
| Day 2 | 400mg  OD | 400mg  OD | 400mg  OD | 500mg  OD | 500mg  OD | 500mg  OD | 600mg OD | 600mg  OD | 600mg  OD |
| Day 3 | 400mg  OD | 400mg  OD | 400mg  OD | 500mg  OD | 500mg  OD | 500mg  OD | 600mg OD | 600mg  OD | 600mg  OD |
| Day 4 | 400mg  OD | 400mg  OD | 400mg  OD | 500mg  OD | 500mg  OD | 500mg  OD | 600mg OD | 600mg  OD | 600mg  OD |
| Day 5 | No  dose | No  dose | 400mg  OD | No  dose | No  dose | 500mg  OD | No  dose | No  dose | 600mg  OD |
| If course extended  beyond 5 days | 400mg  every  72hrs | 400mg  every  48hrs | 400mg  daily | 500mg  every  72hrs | 500mg  every  48hrs | 500mg  daily | 600mg  every  72hrs | 600mg  Every  48hrs | 600mg  daily |
| Sign to choose |  |  |  |  |  |  |  |  |  |

State reason for teicoplanin:

**Site venflon or equivalent and prescribe today’s antibiotics on the patient’s drug chart or ED chart. Prescribe analgesia as required, and a minimum of paracetamol 1g po qds.**

**RAC Doctor / GP responsible for patient:**

**Signed: Grade: Contact details:**

***Please continue the pathway on the following page.***

**Arrange clinic follow-up in RAC:**

Clinic appointment (on day 5 of treatment) Day: Date:

**Arrange IV community therapy via Rapid Response or arrange admission to CD Ward:**

**Refer to R/R or DNs to ensure that a blood test will be taken on Day 4 for FBC, UE & CRP.**

Please note here who from community services will make first contact with the patient:

Name of contact (if known) and profession:

Date of first contact:

Place:

(must be within 24 hours)

**Complete an electronic discharge summary (EDS) and send to the GP:**

The EDS must contain:

1. All clinical information

2. Who will contact patient for IV therapy and when

3. 5 day supply of relevant IV antibiotics

4. Clinic follow-up appointment on day 5

5. FBC, UE and CRP Blood test to be done on Day 4

6. What patient/carer should do if worsens

**Provide the patient with an information leaflet/passport AND a copy of the EDS.**

**File this paperwork in the patient’s notes.**

I confirm that I have followed the patient pathway above and completed the steps required

**Signed: Grade: Contact details:**