

Cellulitis CAP

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Name:

NHS:

Initial clinical assessment

Date

Time

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 penicillin.

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

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Drug	TEICOPLANIN								
	<75kg			75-92kg			>92kg		
Weight									
eGFR (ml/min/1.73m ²)	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.

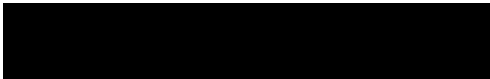
RAC Doctor / GP responsible for patient:

Signed:

Grade:

Contact details:

Please continue the pathway on the following page.



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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:

