


<b>Forenames</b>  <b>Last name</b>  <b>Hospital No.</b>  <b>D.O.B.</b>	 <b>Mersey and West Lancashire</b> <b>Teaching Hospitals</b> <small>NHS Trust</small>		
<h2 style="margin: 0;">SDEC CELLULITIS PATHWAY</h2>			
<b>STEP 1: CLINICAL CLASSIFICATION (MODIFIED ERON CLASS)</b>			
<b>CLASS I</b> <ul style="list-style-type: none"> <li>No sign of systemic toxicity</li> <li>No uncontrolled co-morbidities (Peripheral Vascular Disease, chronic venous insufficiency or morbid obesity BMI <math>\geq 40</math>).</li> <li>Safe to manage on oral antimicrobials on an outpatient basis</li> </ul>	<b>CLASS II</b> <ul style="list-style-type: none"> <li>Systemically unwell <b>OR</b></li> <li>Systemically well but with a co-morbidity (peripheral arterial disease, chronic venous insufficiency or morbid obesity BMI <math>\geq 40</math>) which may complicate or delay resolution of infection</li> </ul>	<b>CLASS III</b> <ul style="list-style-type: none"> <li>Significant systemic upset (such as confusion, tachycardia, hypotension) <b>OR</b></li> <li>Unstable co-morbidities that may interfere with a response to therapy <b>OR</b></li> <li>Limb threatening infection due to vascular compromise</li> </ul>	<b>CLASS IV</b> <ul style="list-style-type: none"> <li>Sepsis <b>OR</b></li> <li>Severe life threatening infection such as necrotising fasciitis</li> </ul>
<b>PATIENT'S ERON CLASS:</b> _____			
<b>STEP 2: INVESTIGATION</b>			
<b>CLASS II-IV</b>  <b>BLOODS</b> FBC <input type="checkbox"/> U&E <input type="checkbox"/> CRP <input type="checkbox"/> Glucose <input type="checkbox"/>  <b>SWABS (If skin is intact swabs are not indicated)</b> Culture any skin break / ulceration / blister fluid <input type="checkbox"/>		<b>SELECTED PATIENTS</b>  <b>BLOOD CULTURES</b> <input type="checkbox"/> Only for CLASS III or IV. Cultures should not be taken routinely as only 2-4% of them are positive and contaminants outnumber pathogens.  <b>STREPTOCOCCAL SEROLOGY</b> <input type="checkbox"/> Only in refractory cases where diagnosis is in doubt  <b>SKIN BIOPSY</b> <input type="checkbox"/> Only where differential includes other inflammatory lesions	
<b>STEP 3: AMBULATORY CARE (ORAL OR OPAT-Outpatient Parenteral Antibiotic Therapy)</b>			
<div style="display: flex; justify-content: space-between;"> <div> <b>EXCLUDED</b> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Pregnancy  <input type="checkbox"/> CLASS III or IV  <input type="checkbox"/> History of treatment in the same extremity during the preceding month  <input type="checkbox"/> Cellulitis covering more than half a limb  <input type="checkbox"/> Facial, orbital or paraseptal Cellulitis (Consider ENT / Ophthalmology referral)  <input type="checkbox"/> Vomiting  <input type="checkbox"/> Unstable diabetes  <input type="checkbox"/> Signs of rapid extension/necrosis  <input type="checkbox"/> Lymphangitis  <input type="checkbox"/> Immunocompromised patients  <input type="checkbox"/> Cellulitis secondary to Human or Animal bites  <input type="checkbox"/> Patients with a history of drug/substance abuse need to be risk assessed on an individual basis           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <b>INCLUDED</b> <input type="checkbox"/> </div> <div>           Class II Cellulitis <b>AND</b> Class I Cellulitis (unsuccessfully treated with oral antibiotics)            Patients need to be competent to give consent and to adhere to the treatment plan         </div> </div>			

STEP 4: ANTIBIOTIC TREATMENT		
	<b>FIRST LINE</b>	<b>SECOND LINE</b>
<b>Non-Severe Infection</b>	Flucloxacillin 1g PO 6 hourly <b>PENICILLIN ALLERGY</b> Clarithromycin 500mg PO 12 hourly	If <b>PREGNANT</b> , use Erythromycin 500mg 6 hourly <b>MRSA</b> Docycycline 200mg STAT then 100mg OD
	<b>Duration: 5-7 days</b>	
<b>Severe Infection</b>	Flucloxacillin 2g IV 6 hourly <b>PENICILLIN ALLERGY</b> Clarithromycin 500mg IV 12 hourly	If <b>PREGNANT</b> , use Clindamycin 600 mg IV 6 hourly <b>MRSA</b> Teicoplanin IV (See <a href="#">Adult Antimicrobial Guide</a> for dosing of loading & maintenance therapy)
	<b>Duration: 1-2 weeks</b>	
<b>OPAT</b>	Ceftriaxone 2g initial STAT dose (observe for 1hr post administration) THEN Ceftriaxone 1g IV OD bolus for further 2 doses and then reviewed in AEC	<b>PENICILLIN ALLERGY/ MRSA/ HIGH RISK C.DIFFICILE:</b> <b>Teicoplanin:</b> dosing as per <a href="#">Adult Antimicrobial Guide</a> Patient requires 3 loading doses (12-hourly) before maintenance therapy (once daily, unless renally impaired). Observe for 1hr post administration of 1st loading dose.
If <b>NECROTISING FASCIITIS</b> suspected arrange urgent Plastics review & commence Meropenem 1g IV 8 hourly AND Clindamycin 1.2g IV 6 hourly for 10-14 days		
If <b>SEVERE PENICILLIN ALLERGY OR HISTORY OF MRSA</b> see <a href="#">Adult Antimicrobial Guide</a> for further information		
<b>RENAL FUNCTION:</b> see <a href="#">Adult Antimicrobial Guide</a> for dose adjustments		
STEP 5: MANAGEMENT		
<b>Non-Severe Infection</b>	<b>For patients NOT previously treated with antibiotics or NOT ADEQUATELY treated with antibiotics for the same complaint:</b> <input type="checkbox"/> Prescribe oral antibiotics as above <input type="checkbox"/> Give patient Information Leaflet on Cellulitis <b>For patients UNSUCCESSFULLY treated with prior antibiotics treat as SEVERE infection</b>	
<b>Severe Infection</b>	<b>For patients that meet the inclusion criteria for ambulatory care:</b> <input type="checkbox"/> Check which OPAT / Community IV team covers patient address and complete referral form after contacting the relevant team. Out of hours: call patient back to 1B SDEC for next dose <input type="checkbox"/> Ensure IV access inserted as per respective Community IV team criteria <input type="checkbox"/> For AEC patients ensure 1 <sup>st</sup> dose is given on the unit as per policy. <input type="checkbox"/> For Teicoplanin, the 1 <sup>st</sup> and 2 <sup>nd</sup> loading doses should routinely be administered on the unit. Approval for administration of the 2 <sup>nd</sup> dose via OPAT must be sought on an individual patient basis. <input type="checkbox"/> Observe for 1hr post administration of 1 <sup>st</sup> dose <input type="checkbox"/> Prescribe IV antibiotics including diluents and flushes to cover doses till date of review <input type="checkbox"/> Give patient SDEC Information Leaflet on Cellulitis <input type="checkbox"/> Call back to Ward 1B SDEC for assessment in 3/7 time for review if on IV Ceftriaxone or Teicoplanin <input type="checkbox"/> Complete e-Discharge summary including follow up plan and keep notes on 1B SDEC <b>For those meeting any exclusion criteria:</b> <input type="checkbox"/> Initiate antibiotics as per Trust antibiotic policy and admit <b>Consider referral to Critical Care if evidence of severe sepsis or septic shock</b> <b>Urgent referral to Plastics registrar on call if suspecting Necrotising Fasciitis</b> <b>Review daily and consider HOME IV Therapy when meets criteria as per non-severe infection</b>	
<b>CRITERIA FOR ORAL SWITCH</b>		
1) Pyrexia settling 2) Co-morbidities stable 3) Reduction in intensity of erythema >50% 4) Falling inflammatory markers <b>HOME IV THERAPY: if above criteria are met then switch as below and ensure IV device removed</b> Flucloxacillin 1g PO QDS for 7 Days <b>PENICILLIN ALLERGY</b> Clarithromycin 500mg PO BD for 7 days (if pregnant, use Erythromycin 500mg 6 hourly) <b>MRSA</b> Docycycline 200mg STAT then 100mg OD for 7 days <b>IF ORAL SWITCH IS INAPPROPRIATE: Prescribe IV Ceftriaxone/Teicoplanin for a further 3 days and then arrange review again (Ward 1B SDEC/AMU CLINIC). ADMIT IF PATIENT IS UNSTABLE OR CELLULITIS PROGRESSING.</b>		
<b>Doctor's Name</b> _____ <b>Designation</b> _____ <b>Signature</b> _____ <b>Date</b> _____		