

# RETU Cellulitis Pathway

Required testing prior to RETU admission

- None

ED  
Evaluation

Not appropriate for RETU

- Immunosuppression
- Suspected necrotizing fasciitis
- Orbital cellulitis

RETU Intake Evaluation  
(do not repeat testing if already done in ED)

Exam Focus

- Skin / soft tissue

Initial Testing

- Labs: CBC, electrolytes, glucose (others as clinically indicated)
- Imaging: as clinically indicated

Monitoring

- outline area of cellulitis with pen and monitor Q4-6 hours

Consults

- consider ID if criteria listed below are present

## RETU Treatment / Evaluation

Non-purulent cellulitis /  
Low Risk for MRSA  
(cover as strep spp / MSSA)

IV Antibiotics

- Cefazolin
- Nafcillin
- Clindamycin

Clinical  
improvement?

N

ID Consult

Y

Transition to PO antibiotics

- Dicloxacillin
- Cephalexin
- Doxycycline

Purulent cellulitis /  
High Risk for MRSA  
(cover as MRSA)

IV Antibiotics

- Vancomycin

Clinical  
improvement?

N

ID Consult

Y

Transition to PO antibiotics

- TMP-SMZ
- Doxycycline

Consider ID Consult

- Immunocompromised
- Transplant
- Cirrhosis
- Travel history
- Facial cellulitis

MRSA Risk Factors

- Recent hospitalization
- Nursing home resident
- Recent antibiotics
- HIV infection
- IVDU
- Incarceration
- Hemodialysis
- Sharing sports equipment

## Disposition Guidelines

Discharge from RETU

- symptoms improved
- vital signs normalized

Admission to Hospital

- symptoms worsening or failing to improve