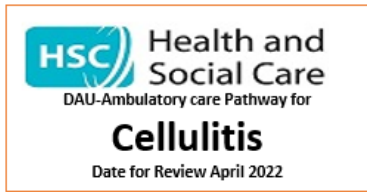


DAU Pathways – Ambulatory care Pathway for Cellulitis for use in General Practice

Referrals via Telephone

To Access - Phone 028 375 66060
for discussion



Identify and assess the correct patient
AMB score ≥ 5 , NEWS Score
Physical examination and document classification as per severity (below)

Arrange Investigations
IV Access/ FBC, U/E, LFTs, CRP, Blood cultures, Skin swabs and D-dimers (if indicated), ECG, CXR as baseline if indicated \pm imaging (discuss with consultant)

Class I

- No signs of acute illness or sepsis
- No significant co-morbidities
- Not recurrent cellulitis
- Has not had taken any course of antibiotics for cellulitis recently

- Discharge home/ care home with oral Flucloxacillin 1 gm x 4 times daily – for Penicillin allergic or MRSA commence Doxycycline 100mg x BD for 7 days
- follow up in one week if necessary in Direct Assessment Unit
- Give patient information leaflet

Class II

- Systemically well with rapid progression or unwell (temp ≥ 38 , HR ≥ 100 , R/R ≥ 20) high CRP
- Co-morbidities which could delay the resolution as diabetes, PVD or immunosuppression
- Unable to tolerate oral antibiotics
- Previously or recently poor response to Oral antibiotics or recurrent cellulitis

- IV Flucloxacillin 2gm X 8 hourly \pm Benzyl Penicillin 1.2 gm 4 hourly depending on severity (7 to 14 days) **or Ceftriaxone 2 gm** and daily follow up in DAU or for prolonged course OPAT team (d/w ward sister)
- If Penicillin Allergic age < 65 Clindamycin 900mg X 8 hourly- For age ≥ 65 Daptomycin 6mg/kg 24 hourly (follow the guidelines for monitoring)

Class III or IV

- Cellulitis with sepsis/ orbital cellulitis
- Unstable co-morbidities as poorly controlled diabetes, immunosuppression, PVD or Life threatening infection with marked erythema
- Necrotizing fasciitis with or without systemic upset

- Admit for IV antibiotics d/w surgical/ orthopedic team
- Piperacillin/ Tazobactam 4.5gm X 6 hourly + Clindamycin 1.2 gm X 6 hourly if MRSA add Daptomycin 6mg/kg 24 hourly-
- If Pen allergic- Clindamycin 1.2 gm X 6 hourly + Ciprofloxacin 600mg X 12 hourly + Metronidazole 500mg X 8 hourly if MRSA add Daptomycin 6mg/kg/ 24 hourly

Ref: (1) CAH local antibiotics guidelines (2) CREST guidelines 2005 (3) Eron L.J. Infection of skin and soft tissues: outcome of a classification scheme. *Clin Infect Dis* 2000;31:287

DISCLAIMER: The clinical pathways / protocols are to be used as guidance only and are NOT accurate when an alternative diagnosis is more likely. The diagnosis is based on a combination of clinical judgment and investigation results.