Management of Lower Limb Cellulitis

- The Institute for Innovation and Improvement suggest there is a “High” potential for Ambulatory Care (60-90%) for Cellulitis- this refers to treatment in the community by GP’s, or hospital managed treatment at home

- Most Cellulitis is “Mild” and can be treated initially with oral antibiotics

- “Severe” cellulitis, where the cellulitis is spreading rapidly or the patient is very unwell, represents the minority of cases. These cases will continue to need hospital admission for IV antibiotics

- A group of patients with a mild systemic upset and 2 or more positive “SIRS” (Systemic Inflammatory Response Syndrome) criteria (HR > 90, RR > 20, Temperature > 38 or < 36, WCC > 12 or < 4) have “moderately” severe Cellulitis and may be appropriate for IV antibiotics delivered at home. Patients who have failed to respond to a course of oral antibiotics may also be appropriate for this

- Outpatient IV antibiotic therapy currently ONLY applies to uncomplicated LOWER LIMB Cellulitis

Who to refer and how

- Refer anyone with a mild systemic upset (not vomiting) and 2 or more “SIRS” Criteria to the AMU Consultant through “One Call”- this will generally be people you would previously have referred for inpatient IV antibiotics. MOST patients should still be treated initially with oral antibiotics

- If the patient meets the eligibility criteria (see Pathway) they will be seen on the Ambulatory Care Area (ACA) and considered for IV antibiotics at home through a midline catheter

- Patients will need to be observed and have no ongoing signs of “sepsis” or spreading cellulitis after their first dose of antibiotics in order to qualify for this

- Patients selected for home IV therapy will be visited daily by the IV Team for their antibiotic to be delivered

- If the patient has concerns regarding the line / cellulitis during the treatment course they can contact either the IV Team or AMU

- Patients will not routinely be seen on AMU at the end of the 7 day course, but if the IV Team have concerns that the cellulitis has not resolved, they will contact the AMU team and a further review will be arranged

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CONFIRMED CELLULITIS

Unwell / Vomiting?
Rapidly spreading?
Unstable co-morbidities?
Hypotensive / Confused?

SEVERE CELLULITIS

REVIEW TO AMU VIA “ONE-CALL” 0845 092 0414

MILD CELLULITIS

Systemic upset?
2 or more SIRS criteria met?

MODERATE CELLULITIS

REVIEW TO ACA / AMU VIA “ONE-CALL” FOR ASSESSMENT FOR IV THERAPY AT HOME

IV Therapy at Home

IV Teicoplanin given at patient’s home for 6 days by the IV Team
*If MRSA colonized, discuss with Microbiologist prior to commencing antibiotics

Exclusion criteria:
- Cellulitis at sites other than LOWER LIMB
- Leg ulcers associated with Cellulitis
- Significant blistering
- Cellulitis over a surgical wound
- Unstable diabetes

Follow-up post IV Therapy at Home

No routine follow-up, but patients can be reviewed by the AMU team at the request of the IV team or GP

SIRS (Systemic Inflammatory Response Syndrome) Criteria

SIRS Positive (“Septic”) if 2 or more of:
- Heart Rate >90/minute
- Respiratory Rate >20
- Temperature >38 or <36
- White Cell Count >12 or <4

“One-Call”

Call via “One-Call” to arrange for assessment on AMU / ACA (Ambulatory Care Area)
0845 092 0414

TREAT WITH ORAL ANTIBIOTICS

Po Flucloxacillin 500mg qds for 7 days
If Penicillin allergic: Clarithromycin 500mg bd for 7 days
Mark the affected area

Pain / heat / swelling settled?
Patient well?

Stop antibiotics

Yes

No

No

Yes

Yes

CLEAR IMPROVEMENT AND NO CONCERNS?

Remove midline catheter
Discharge patient
See GP if any concerns

Referral Pathway

Inpatient Pathway

Community Pathway

Ambulatory Pathway

Pathway for the Management of uncomplicated Lower Limb Cellulitis

No

No

No

No

Yes

Yes

Yes

Yes

No

No
Patient diagnosed with cellulitis referred via One Call

Meets 'eligibility criteria' for IV Therapy at home?

Yes

Patient discharged home with all IV medications and completed paperwork

No

Unable to accept patient for IV therapy at home

First home visit 24 hours (+/- 2 hours) after initial dose given in ACA / AMU / A&E

Complete daily assessments of patient and cellitic area

Clear improvement and no concerns?

Yes

Course completed
- Remove midline
- Discharge from caseload
- No follow up required

No

If patient feels unwell / cellitis worse
- Refer patient back to ACA / AMU via "One-Call" for consideration of a review & repeat bloods
- May need 3-5 further days of IV medications or oral antibiotic for 7 days

Additional home IV treatment prescribed?

Yes

Patient discharged home with all IV medications and completed paperwork

No

Discharge from caseload
- No follow up required
Hospital | Consultant | GP
---|---|---
Ward | Contact/Bleep No | Surgery

**Suitability for IV therapy treatment at home**

Patient diagnosis - ‘MODERATE’ cellulitis
Meets Sussex Community NHS Trust eligibility criteria for home IV therapy *(see overleaf)*
Additional exclusions - ‘SEVERE’ Cellulitis
- Face / Orbit affected
- Unstable diabetes

**Check list prior to discharge**

- Bloods taken (FBC, U&E, ESR or CRP)
- Site swabbed if open wound
- Cellulitic area marked with indelible pen
- Leaderflex / Midline / PICC in situ for community IV administration
  (Unable to accept patient with a cannula)
- Community IV Therapy Medicines Instruction Chart (pre-printed) completed
- TTOs completed including the following:
  - Teicoplanin 400mg x 6 vials
  - Sodium Chloride 10ml x15 ampoules
  - Heparin sodium 50units in 5mls x6 ampoules
- Patient referral made to One-Call 0845 092 0414 and accepted

**Medicine initial dose**

*(complete and give prior to discharging patient home)*

<table>
<thead>
<tr>
<th>Drug &amp; Dose</th>
<th>Route</th>
<th>Valid Period</th>
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<tbody>
<tr>
<td>Teicoplanin 800mg</td>
<td>IV</td>
<td>X1 dose</td>
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**Administration of initial dose**

<table>
<thead>
<tr>
<th>Date &amp; time given</th>
<th>Signature</th>
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*NOTE: Administration of subsequent 400mg dose to be started 24 hours (+/- 2 hours) after initial 800mg dose*