

|  |   |
|--|---|
| <div style="background-color: black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <b>Adult Lower Limb Cellulitis</b><br>Confirm diagnosis (considering differential diagnoses) - pg 1<br>Evaluate severity (assess for danger signs) - pg 1<br>Location of care and antibiotic choice - pg 2<br>Limb elevation plan - pg 3<br>Look for predisposing factors - pg 3<br>Intravenous to oral switch - pg 4 onwards<br>Treatment duration review - pg 4 onwards | U.R. Number _____   |
|  | Surname _____   |
|  | Given Names _____   |
|  | D.O.B.     /     /     Sex _____  |
|  | Attach patient ID Labels to all pages of this form before commencing any documentation. |

## 1. Confirm diagnosis considering differential diagnoses

Suspect cellulitis when there is acute onset of 2 or more of:

- Heat
- Pain
- Redness
- Swelling

Cellulitis is usually unilateral in the lower leg. Reconsider diagnosis if bilateral (see differential diagnosis).

Fever, chills, sweats or rigors may be present in some patients. Non-specific symptoms (such as lethargy, anorexia) may also be present.

### Differential diagnosis

**Deep vein thrombosis:** important to consider— an ultrasound may be required to exclude.

**Venous stasis/ lipodermatosclerosis:** common and should be considered especially if bilateral.

**Dermatitis or vasculitis:** rarer, but skin changes can mimic cellulitis.

**Septic joint or gout:** consider if skin changes are overlying joints.

**Contact dermatitis:** consider if exposed to irritants.

**Charcot neuroarthropathy (foot):** consider if diabetic / elevated HbA1c and neuropathy present

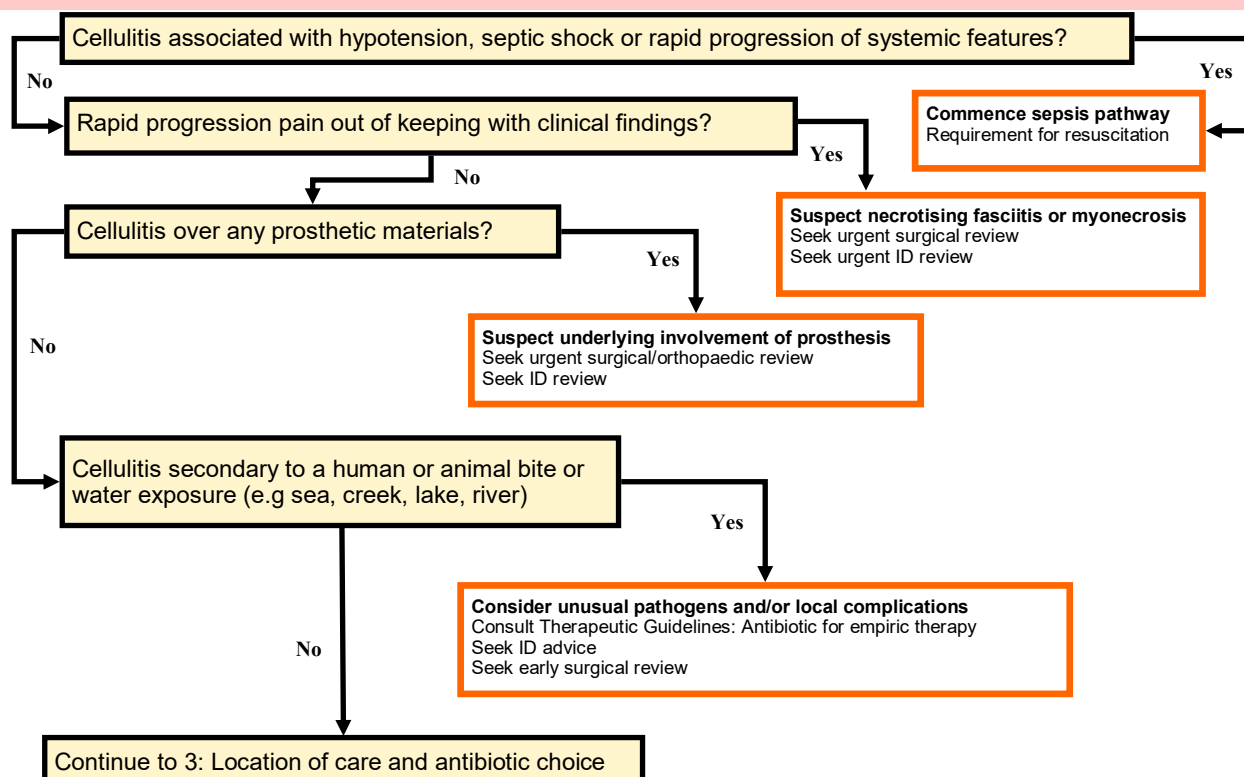
### IMPORTANT

Erythema can spread for up to 72 hours after effective treatment for cellulitis has commenced.

If the person feels well and is otherwise improving, there is often no need to change antibiotics. Reassurance, continuation of antibiotic therapy and close clinical monitoring may be appropriate.

If there are features of clinical deterioration (increased pain, ongoing rigors): seek ID advice.

## 2. Evaluate severity and assess for danger signs



|  |                                  |  |
|--|----------------------------------|--|
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|  | AFFIX PATIENT LABEL HERE         |  |
|  |                                  |  |

### 3 . Location of care and antibiotic choice

#### a) Location of care (circle)

|  |   |  |   |
|--|---|--|---|
| <b>HOME</b><br>Systemically well<br><b>AND</b><br>No other comorbidities requiring inpatient care<br><b>AND</b><br>Able to tolerate oral therapy<br><b>AND</b><br>Able to self manage antibiotic therapy and self-care | <b>SSU</b><br><br>See MR/266.07<br>Pathway (SSU) Cellulitis | <b>HITH</b><br><br>See MR/360.5 HITH<br>Consent and<br>Assessment Form | <b>Ward</b><br><br>Not suitable for care at home,<br>in SSU or HITH |
|--|---|--|---|

Complete **baseline investigations**: FBE, U&E, BSL and CRP

#### Consider

**Blood culture**: if systemically unwell (tachycardia, tachypnoea, febrile) or clinically concerned

**Swab or tissue biopsy**: only if open wound or infected ulcer \*\*cleanse area before swab/biopsy\*

#### b) Antibiotic choice (circle & prescribe on the medication chart)

Assess for penicillin allergy: clarify the nature of the allergy and de-label allergy if appropriate.

Assess whether risk factors for *S. aureus* are present e.g. focal abscess or boil, traumatic wound, ulcer or exudative wound.

Prescribe chosen antibiotic on medication chart and ensure timely administration of first dose.

|                        | No penicillin allergy<br>No risk factors for<br>Staph aureus  | No penicillin allergy<br>Risk factors for <i>Staph aureus</i>   | Mild and non-immediate penicillin allergy   | Severe or immediate penicillin allergy  |
|------------------------|---|---|---|---|
| <b>Outpatient</b>      | Phenoxymethylpenicillin 500mg-1g orally 6 hourly  | Flucloxacillin 500mg-1g orally 6 hourly   | Cefalexin 500mg-1g orally 6 hourly  | Clindamycin 450mg orally 8 hourly   |
| <b>Short stay unit</b> | IV: Benzylpenicillin 1.2 g IV 6 hourly and assess daily for oral switch<br><br>Oral: Phenoxymethylpenicillin 500mg-1g orally 6 hourly                               | IV: Flucloxacillin 2g IV 6 hourly and assess daily for oral switch<br><br>Oral: Flucloxacillin 500mg-1g orally 6 hourly | IV: Cefazolin 2g IV 8 hourly and assess daily for oral switch<br><br>Oral: Cefalexin 1g orally 6 hourly | IV: Clindamycin 600mg IV 8 hourly and assess daily for oral switch<br><br>Oral: Clindamycin 450mg orally 8 hourly |
| <b>HITH</b>            | Cefazolin 2g IV 12 hourly<br>OR<br>Cefazolin 2g IV daily with 1g probenecid daily<br>OR<br>If PICC line: flucloxacillin 8 to 12 g IV by 24-hour continuous infusion |   | Cefazolin 2g IV 12 hourly<br>OR<br>Cefazolin 2g IV daily with 1g probenecid daily                       | Vancomycin infusion may be an option – consult with pharmacy  |
| <b>Inpatient</b>       | IV: Benzylpenicillin 1.2 g IV 6 hourly and assess daily for oral switch<br><br>Oral: Phenoxymethylpenicillin 500mg-1g orally 6 hourly                               | IV: Flucloxacillin 2g IV 6 hourly and assess daily for oral switch<br><br>Oral: Flucloxacillin 500mg-1g orally 6 hourly | IV: Cefazolin 2g IV 8 hourly and assess daily for oral switch<br><br>Oral: Cefalexin 1g orally 6 hourly | IV: Clindamycin 600mg IV 8 hourly and assess daily for oral switch<br><br>Oral: Clindamycin 450mg orally 8 hourly |

#### Renal impairment

Flucloxacillin: CrCl less than 10 mL/min: 1g IV 6 hourly / 500mg orally 8 hourly

Cefazolin: CrCl 20–40 mL/min: 1g IV 8 hourly or 2g IV 12 hourly  
CrCl less than 20 mL/min: 0.5g IV 12 hourly or 1g IV daily

Cefalexin: CrCl less than 10mL/min: 500mg orally 8 hourly

Benzylpenicillin CrCl 10-50mL/min: 900mg IV 6 hourly  
CrCl less than 10mL/min: 600mg IV 6 hourly

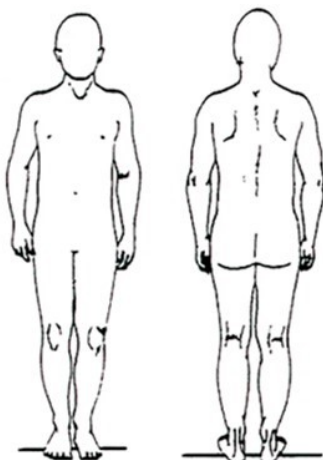
No adjustment required: phenoxymethylpenicillin & clindamycin

#### Dosage range for oral antibiotics

Consider using the higher dose for otherwise well patients who are under 75 years AND over 50kg

#### Weight 120kg or more:

3g of cefazolin per dose  
If renally impaired, reduce dose by 50%

|  |   |   |
|--|---|---|
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| <b>Attach patient ID Labels to all pages of this form before commencing any documentation.</b>   |   |   |
| <b>4. Limb elevation: management plan</b> <span style="float: right;"><b>MEDICAL OFFICER TO TICK INSTRUCTIONS</b></span>   |   |   |
| <input type="checkbox"/> Full elevation with bed rest [prescribe DVT prophylaxis unless contraindicated]   |   |   |
| <input type="checkbox"/> Elevation at rest [consider DVT prophylaxis]  |   |   |
| <b>5. Look for predisposing factors</b> <span style="float: right;"><b>MEDICAL OFFICER TO TICK THOSE IDENTIFIED &amp; ACTION</b></span>  |   |   |
| <b>Cellulitis due to</b>   | <b>SUGGESTED PLAN</b>   |   |
| <input type="checkbox"/> Tinea pedis   | Terbinafine 1% topically 12 hourly for 14 days<br>Consider outpatient referral to podiatry if deep fissures <sup>#</sup>  |   |
| <input type="checkbox"/> Wound   | Cleanse area then take wound swab or biopsy<br>Check wound care referral criteria<br>If wound is on foot, consider outpatient referral to High Risk Foot Clinic <sup>#</sup>  |   |
| <input type="checkbox"/> Lymphoedema or venous insufficiency with oedema (no wound)  | Refer to the lymphoedema clinic <sup>#</sup>  |   |
| <input type="checkbox"/> Obesity   | Consider referral to the BHS Healthy Weight Management Program <sup>#</sup>   |   |
| <input type="checkbox"/> Poorly controlled diabetes  | Refer to <i>Inpatient Blood Glucose Level Management In Adult Diabetes Patients - CPP0594</i><br>Consider referral to endocrinologist (medical management), diabetes educator or dietitian (education) or podiatry (foot care). |   |
| <input type="checkbox"/> Immunosuppression   | Review frequently for deterioration, ensure blood cultures, look for underlying cause and seek ID advice  |   |
| <input type="checkbox"/> Other   |   |   |
| <sup>#</sup> Refer via Central Intake: referrals will be accepted via fax (5320 3893) or e-referral on the Service Coordination Tool Template (SCTT) and/or the Victorian Statewide Referral Form (VSRF).  |   |   |
| <input type="checkbox"/> Patient leaflet provided  |   |   |
| <b>Notes</b>   |   |   |
|   |   |   |
| <b>Signature, print name, designation and date</b>   |   |   |

UR No: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Date: —/—/— Review page number

1

Record the patient's review each day by ticking box. If not applicable, write N/A in the box.

| PROGRESS REVIEW                       | Description   | Reviewed<br>(Tick box) |
|---------------------------------------|---|------------------------|
| Pending investigations checked        | Wound swabs/biopsy<br>Blood cultures<br>Other   |                        |
| Management plan review                | <b>Limb elevation (TICK PLAN)</b><br><input type="checkbox"/> Full elevation [prescribe DVT prophylaxis unless contraindicated]<br><input type="checkbox"/> Elevation at rest [consider DVT prophylaxis]<br><b>Predisposing factors actions</b><br>1.<br>2.<br>3.   |                        |
| Intravenous to oral antibiotic switch | <b>Local symptoms can worsen for up to 72 hours after effective therapy starts. Switching to oral antibiotics is still appropriate if:</b><br><input type="checkbox"/> Clinical improvement evident<br><input type="checkbox"/> Fever resolved or improving<br><input type="checkbox"/> No unexplained haemodynamic instability<br><input type="checkbox"/> Tolerating oral intake with no concerns about malabsorption<br><br><b>Oral therapy appropriate (circle)                      Y                      N</b><br><br><b>Comment</b> |                        |
| Treatment duration review             | <b>Total duration of therapy (intravenous plus oral) is five to ten days</b><br><br><b>CURRENT DURATION OF THERAPY (COMPLETE DAYS RECEIVED)</b><br><br><div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">IV<br/><input type="text"/></div> <div style="margin: 0 10px;">+</div> <div style="text-align: center;">ORAL<br/><input type="text"/></div> <div style="margin: 0 10px;">=</div> <div style="text-align: center;">TOTAL<br/><input type="text"/></div> </div>            |                        |
| Patient education                     |   |                        |

**Signature, print name, designation and date**

| <b>NURSING CARE INITIAL WHEN CHECKED/ COMPLETED</b>   | <b>Morning</b> | <b>Afternoon</b> | <b>Evening</b> |
|---|----------------|------------------|----------------|
| <b>Limb elevation</b> as per management plan  |                |                  |                |
| <b>Skin care attended:</b> wash, moisturise & apply barrier (or follow wound care instructions) |                |                  |                |
| <b>Patient education</b>  |                |                  |                |

#### NOTES/COMMENTS/VARIANCES

[illegible]

COPY ONLY - NOT FOR CLINICAL USE

UR No: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Date: —/—/— Review page number: **2** Record the patient's review each day by initialing each box. If not applicable, write N/A in the box.

| PROGRESS REVIEW                       | Description   | Reviewed<br>(Tick box) |
|---------------------------------------|---|------------------------|
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| Management plan review                | <b>Limb elevation (TICK PLAN)</b><br><input type="checkbox"/> Full elevation [prescribe DVT prophylaxis unless contraindicated]<br><input type="checkbox"/> Elevation at rest [consider DVT prophylaxis]  |                        |
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| Patient education                     |   |                        |

Signature, print name, designation and date

| NURSING CARE INITIAL WHEN CHECKED/ COMPLETED   | Morning | Afternoon | Evening |
|--|---------|-----------|---------|
| Limb elevation as per management plan  |         |           |         |
| Skin care attended: wash, moisturise & apply barrier (or follow wound care instructions) |         |           |         |
| Patient education  |         |           |         |

NOTES/COMMENTS/VARIANCES

UR No:\_\_\_\_\_ Surname:\_\_\_\_\_ Given Names:\_\_\_\_\_ DOB:\_\_\_\_\_ Sex:\_\_\_\_\_

Date: —/—/— Review page number

3

Record the patient's review each day by ticking box. If not applicable, write N/A in the box.

| PROGRESS REVIEW                       | Description  | Reviewed<br>(Tick box) |
|---------------------------------------|--|------------------------|
| Pending investigations checked        | Wound swabs/biopsy<br>Blood cultures<br>Other  |                        |
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| Patient education                     |  |                        |

**Signature, print name, designation and date**

| <b>NURSING CARE INITIAL WHEN CHECKED/ COMPLETED</b>   | <b>Morning</b> | <b>Afternoon</b> | <b>Evening</b> |
|---|----------------|------------------|----------------|
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| <b>Patient education</b>  |                |                  |                |

#### NOTES/COMMENTS/VARIANCES

COPY ONLY - NOT FOR CLINICAL USE

# Cellulitis

(sell-u-ly-tiss)

## 1. What is cellulitis?

Cellulitis is a skin infection that often occurs in the legs. The area is usually:

- **Warm**
- **Red**
- **Sore**
- **Tight**

You may also have other signs of infection such as fever, sweats, shakes or loss of appetite.

Cellulitis happens when bacteria enters the inner layers of your skin, often when it is damaged or broken (e.g. from an insect bite, tinea or when the skin is cracked and dry).

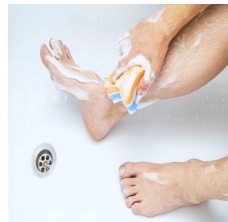


## 2. What should I expect when I am in hospital?

**Antibiotics to treat the infection**  
via a drip or as a tablet/capsule



**Washing of the limb**



**Elevation of the limb**  
to reduce swelling



**Treatment for other conditions which can help the symptoms of cellulitis improve:**

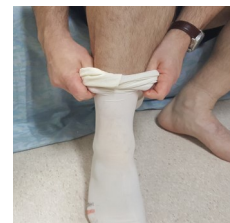
e.g. tinea



dry skin



compression to reduce swelling



**REMEMBER:** the area of redness may spread, even once you start antibiotics.  
It can take weeks or months for the skin changes caused by cellulitis to disappear.  
In some people, the skin changes are permanent.

**My questions:**



# Cellulitis

(sell-u-ly-tiss)

### 3. What care is required for my cellulitis at home?

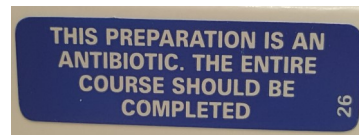
If you've had cellulitis before, you are more likely to have it again. These tips may help prevent it returning.

#### Elevate the limb as much as possible

1. while the area is still red, hot and swollen
2. if the limb becomes swollen again



#### Continue to take the antibiotics as prescribed for you



#### Wash or bathe daily

Use a soap free, pH adjusted cleanser (ask your pharmacist for suggestions)



**Moisturise your skin at least daily** to prevent it becoming dry and cracked. Use a perfume free moisturiser.



**Check feet and toes often for fungal infections** (e.g. tinea, Athlete's foot) and treat if found



**Maintain a healthy weight**



### 4. When should I seek medical advice?

Seek medical advice if:

- the redness continues to spread very quickly
- you develop a high fever or sweats
- the area becomes very painful
- the area develops pus



CELLIT Project  
Version 2 January 2020

### 5. More information?

These websites may be of interest

DermNet NZ: [www.dermnetnz.org/topics/cellulitis/](http://www.dermnetnz.org/topics/cellulitis/)

Better Health Channel: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au) (search for cellulitis)

**Disclaimer:** While we make every effort to make sure the information in this leaflet is accurate and informative, the information does not take the place of professional or medical advice. We do not accept any liability for any injury, loss or damage caused by use of the information.