Cellulitis

Queensland Ambulance Service

Exclusion from transport to General Practice

- Complete inability to mobilize independently
- Systemically unwell
- Observations:
  - Temperature >38° or <36°
  - Heart rate >90bpm
  - Respiratory rate >24bpm
  - Blood Pressure <100mmHg Systolic.

Management

- Analgesia as required

General Practice

Assessment

- Elderly patients may not have observations typical of sepsis

1. Continually assess observations
2. Determine area affected (periorbital, orbital, joint, perineum)
3. Determine cause (injury, animal/human bite)
4. Determine environmental contribution (fresh or sea water)
5. Check for presence of a collection
6. Review comorbidities and medications
7. Take swabs of any discharge present

Management

- Presence of sepsis is for direct admission to Emergency Department
- Periorbital, orbital and perineal infection is for direct admission to Emergency Department
- Presence of a collection is for direct admission to Emergency Department
- Suspected septic arthritis or osteomyelitis is for direct admission to Emergency Department


**First line treatment:**
- Consider appropriate analgesia +/- NSAID
- Desmarcate area of erythema with a permanent skin marker
- Minor Cellulitis: (Treatment duration is 5 days)
  - Flucloxacillin 500mg QID ORAL (use caution if any renal impairment is present); or,
  - Cephelexin 500mg QID ORAL (if penicillin sensitivity is known); or,
  - Clindamycin 450mg TDS ORAL (if penicillin anaphylaxis is known)
- Cellulitis due to animal (dog) or human bite:
  - Augmentin Duo Forte BD ORAL; or,
  - Ciprofloxacin 500mg BD ORAL + Clindamycin 450mg TDS ORAL (if penicillin reactions known); or,
  - Metronidazole 400mg BD ORAL +
    - Doxycycline 200mg STAT ORAL then 100mg DAILY ORAL; or,
    - Trimethoprime+Sulfamethoxazole 160+800mg BD ORAL
- Review in clinic in 72 hours

**Failure to respond to antibiotics at 72 hours:**
- Reconsider environmental factors and alter treatment accordingly
- Alter treatment according to any swab results
  - If swab results are normal and cellulitis is not improving, for direct admission to Emergency Department

- Review with usual G.P. in 1 week

---

**Escalation triggers**

Refer to the Emergency Department

**If the patient has any of the following, please call the Infectious Diseases Registrar (5470 6600) prior to referral to the Emergency Department:**

- Presence of sepsis
- Periorbital, orbital and perineal infection
- Presence of a collection
- Suspected septic arthritis or osteomyelitis
- Failure of oral therapies at 72 hours
- Worsening pain requiring intramuscular analgesics
- Any other serious clinical concerns not already listed

Disclaimer:
This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.

---

**Governance for Safety and Quality in Health Service Organisations - Standard 1**
Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.

**Service Delivery - Standard 11**
Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.

**Provision of Care - Standard 12**
The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.

© State of Queensland (Sunshine Coast Hospital and Health Service) 2016
http://creativecommons.org/licenses/by/3.0/au/deed.en