

**Cellulitis Pathway
For Age >= 16**

(addressograph)

1. Cellulites is a clinical diagnosis; classify cellulites below (**select one class**)
2. DVT Prophylaxis should be considered in all patients with impaired mobility.
3. Consider leg elevation, inspection for ports of entry and treatment of tinea pedis.

() Class I: No signs of systemic toxicity, no uncontrolled co-morbidities

Patient is given a prescription for oral antibiotic Nursing staff will call GP/FP office to book follow up appointment in 48 to 72 hours, and will inform patient to come to ED if GP unavailable at that time and sooner if condition worsens. On weekends, ED Follow Up Request Form is faxed.

Appt: () _____ Dr. _____ or () Form Faxed (check one)

Class I Suggestion: First Line: Cloxacillan 500 mgm four times daily
OR Cephalexin 500 mgm four times daily
Second Line: Clarithromycin 500 mgm twice daily

() Class II (select one option below): Systemically ill or systemically well but with a co-morbidity such as peripheral vascular disease, chronic venous insufficiency, diabetes or morbid obesity which may complicate or delay resolution of their infection.

() a. **Outpatient Homecare IV Antibiotic Therapy** (*Complete NSM CCAC Wound Medical Referral Form*)

ELIGIBILITY CRITERIA

The patient must fulfill all criteria to be deemed suitable for outpatient CCAC treatment of cellulites:

1. Age > 16 with Telephone access and responsible adult (or responsible adult at home)
2. Clinical diagnosis of Class II cellulites
3. **No allergy to Penicillin or Cephalosporin** (unless a first dose given in the ED regarding cross-reactivity)
4. No Hepatic and/or renal disease and no concurrent, uncontrolled illness
5. No known or suspected neutropenia (labs not mandatory)
6. No inability to manage at home due to present social situation and no likelihood of noncompliance
7. Facial cellulites
8. Class III or IV Cellulites
9. Known colonization with resistant organism e.g. MRSA

Physician Signature: _____ RN Signature: _____

() b. **Family Physician Reassessment**

() c. **Daily ED Management** (for patients not fulfilling eligibility criteria above)

Class II Suggestion: First Line: Probenecid 1 gm po q 24 hours PLUS Cefazolin 2 gm IV q 24 hours
OR Ceftriaxone 1 gm IV q 24 hours
Second Line: Clindamycin 600 mgm IV q 8 hrs

For patients presenting after 22:00 -consider Ancef 1g IV without Probenecid -2nd and subsequent doses will occur at 08:00 in the ED (Probenecid will be given with subsequent doses.)

MD will review patient **daily** after antibiotics given or sooner if indicated here _____

IV removed after third day of therapy and patient reviewed in the ED on day 4

Switch to oral therapy when pyrexia settling, co-morbidities stable, less intense erythema, falling inflammatory markers (if ordered)

Physician Signature: _____ RN Signature: _____

() **Class III** patients may have a significant systemic upset such as acute confusion, tachycardia, tachypnea, hypotension or may have unstable co-morbidities that may interfere with a response to therapy or have a limb threatening infection due to vascular compromise.

Class III Suggestions: Consider Inpatient IV Therapy: See Sepsis Orders

() **Class IV** patients have sepsis syndrome or severe life threatening infection such as necrotizing fasciitis.

Class IV Suggestions: Consider Inpatient IV Therapy: See Sepsis Orders

Primary Care Cellulitis Pathway

