1 Background information

Quick info:
Scope:
- community management of soft tissue infections in adults (greater than age 15 years) including:
  - treatment
  - monitoring, including investigations
Out of scope:
- children and adolescents (younger than age 15 years)
- co-morbid conditions including:
  - unstable congestive heart failure
  - poorly controlled diabetes
  - peripheral vascular disease
  - peripheral ulcers
  - chronic renal failure
  - facial cellulitis
  - pregnancy
  - systemic toxicity
  - taking steroidal medication or immunosuppression
- management of patients requiring initial hospital care
For Waikato please see ‘Cellulitis FAQs - It’s all about choice’ for further information.

2 Information resources for patients and carers

Quick info:
The following resource for patients has been produced by District Health Boards:
For “Patient information for outpatient treatment of soft tissue infections” information please click on region specific link.
- Waikato
- Tairawhiti
- Lakes

3 Updates to this care map

Quick info:
This care map has been drafted using information provided from:
- Waikato District Health Board
- Tairawhiti District Health Board
- Lakes District Health Board

4 Assess suitability of patient for community management

Quick info:
Select patients carefully:
- is the patient an adult greater than age 15 years?
- is there a clear diagnosis?
- is the patient medically stable? – patients with the following conditions may not be suitable for community management and should be discussed with physician:
  - congestive heart failure
Community management of cellulitis

- poorly controlled diabetes
- peripheral vascular disease
- peripheral ulcers
- chronic renal failure
- facial cellulitis
- taking steroidal medication or immunosuppression
- is there satisfactory IV access?
- is the patient mentally and socially capable of being treated in the community?
- is there adequate support at home?
- is there telephone access to medical services 24 hr/day?
- if the patient has an allergy to cephalosporin or anaphylaxis to penicillin, discuss with physician (or ED specialist after hours)
- check the patient is not a known MRSA carrier

Patients with the following fall under exclusion criteria:
- younger than age 15 years
- systemic toxicity
- co-morbid conditions
- allergy to cephalosporin or anaphylaxis to penicillin
- collection requiring drainage in hospital
- unsuitable social circumstances
- mastitis
- periorbital cellulitis
- septic arthritis
- foreign body
- underlying fracture
- MRSA carrier
- prosthesis
- pregnancy

Waikato - Consider Primary Options
If acute, consider a referral to Primary Options if you believe this patient would be referred to hospital but could be safely managed in the community with additional services, and you are a ‘Primary Options practice’. For Primary Options referral process see Local Info.

7 Laboratory investigations

Quick info:
Consider the following laboratory investigations:
- glucose
- creatinine – if elderly or risk of renal failure

9 Initial treatment

Quick info:
If you have access to the Primary Options Service please consider referral through this if you believe this patient would be referred to hospital but could be safely managed in the community with additional services. For Primary Options referral process see Local Info.

First dose to be given in general practice / AM Clinic or ED if no A&M Clinic available:
Community management of cellulitis

- advise patient of treatment options:
  - cefazolin 2g IV daily plus probenecid 1g oral daily over 3 days, administered simultaneously – slow IV injection over 3-5 minutes
  - if probenecid is contraindicated, use cefazolin 2g IV bd
- patient should wait on the premises for 20 minutes after administration

Contraindications of cefazolin:
- cephalosporin hypersensitivity – up to 10% cross reaction in those with penicillin hypersensitivity
- renal impairment:
  - GFR less than 40mL/min:
    - reduce daily dose to 1g/24hr
  - GFR less than 30mL/min:
    - probenecid cannot be used
    - it may be possible to use 1g/24hr without probenecid in patients with significant renal failure
    - refer to hospital or discuss with physician (or ED specialist after hours)
- adverse effects:
  - pain at injection site
  - extravasation diarrhoea
  - NB: If concerned, contact physician

Contraindications of probenecid:
- blood dyscrasias
- acute gout
- renal impairment – poor efficacy if GFR is less than 30mL/min
- caution if history of peptic ulcer
- elite athletes – banned substance, seek advice of sports medicine specialist
- adverse effects:
  - pruritus
  - headache
  - flushing
  - dizziness
  - gastrointestinal disturbance
  - nausea
  - urinary frequency
  - hypersensitivity reactions

10 Monitor daily

Quick info:
Monitor daily for complications and inform the patient what to look out for:
- local – signs of increasing tissue infection such as:
  - pain
  - swelling
  - ulceration
  - increasing cellulitis
- systemic – signs of:
  - toxicity
  - unresolving/worsening fever
  - hypotension
Community management of cellulitis

Medicine > Infectious diseases > Community management of cellulitis

- tachycardia
- generally unwell
- adverse reactions to antibiotics

Refer to hospital or discuss with physician (or ED specialist after hours) if patient does not respond to treatment or any of the above complications occur.

12 Second and third doses to be given by district nurse

Quick info:
Second and third doses to be given by district nurse:
- Community cellulitis medication authority forms:
  - Waikato – complete and fax on day 1 to 0800 867 333
  - Tairawhiti
  - Lakes
- supply patient with cellulitis pack
  - Tairawhiti - IV Cephazolin Suggestions
- supply patient with prescription for flucloxacillin 500mg qds po 7 days to commence on day 4
- Patient information for outpatient treatment and soft tissue infection resources:
  - Waikato
  - Tairawhiti
  - Lakes
- Reorder Cellulitis kit reorder forms:
  - Waikato
  - Tairawhiti
  - Lakes

13 Second and third doses to be given in general practice or other medical facility

Quick info:
Second and third doses to be given in general practice or other medical facility:
- arrange subsequent daily visits
- arrange for supply of required medication/cellulitis packs
- supply patient with prescription for flucloxacillin 500mg qds po 7 days to commence on day 4
- Patient information for outpatient treatment and soft tissue infection resources:
  - Waikato
  - Tairawhiti
  - Lakes
- Reorder Cellulitis kit reorder forms:
  - Waikato
  - Tairawhiti
  - Lakes

Waikato - consider Primary Options
If you have access to Primary Options and you believe this patient would be referred to hospital but could be safely managed in the community with additional services, and you are a ‘Primary Options practice’. For Primary Options referral process see Local Info.
Provenance certificate

Overview

This Map of Medicine care map is regularly updated to include new, quality-assessed evidence, and practice-based knowledge from expert clinicians. Please see the Editorial Approach section of this document for further information.

This care map was last updated on 15th November 2012.

For information on changes in the last update, see the information point entitled “Updates to this care map’ on each page of the care map.

This care map has been transferred to Map of Medicine for Midlands Health Network based on existing guidance and information. The document [FAQs] includes the following references, on which the pathway has been developed.

An updated version of this pathway is currently in development and will be published in the future. For questions, please contact Pip Oatham

To cite this pathway, use the following format
Map of Medicine / Medicine / Dermatology / Community Management of Cellulitis

Accreditations

The editorial approach to create this pathway is accredited by:
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The clinical content of this care map is accredited by:
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Editorial approach

Map of Medicine searches for well-reputed secondary evidence when producing its care maps – systematic reviews, meta-analyses based on systematic reviews, and guidelines. The initial search for secondary literature is within Medicine and EMBASE, and of websites of known producers of guidelines. Inclusion and exclusion criteria are applied to systematic reviews and meta-analyses retrieved from the searches to ensure that only high-quality information is selected, and the AGREE instrument is employed to assess the quality of guidelines.

This care map is a localised version which has been created by the local organisations. The locally drafted care map is checked by individuals with front-line clinical experience (see Contributors section of this document). Map of Medicine pathways published in the International view are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle. These updates can then be applied where relevant to the localised care maps, by the local groups.

References

The evidence supporting this care map was contributed by a range of primary and secondary clinicians, and pharmacists who were involved in the development of the collaborative clinical pathway between Waikato District Health Board and Midlands Health Network.

Contributors

Midlands Health Network have worked with clinical stakeholders such as General Practitioners, Specialist Clinicians, Nursing and Allied Health Groups, Non Government Organisations and Clinical societies to gather practice-based knowledge for its care maps.

The following individuals have contributed to this retro fitting care map:

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Previous Contributors

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Disclaimers
Midlands Health Network
It is not the function of Midlands Health Network to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resources, we cannot guarantee its correctness or completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to date.

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