

# Management of cellulitis in the community

## Determination Of The Severity Of Cellulitis

**Class I:** CREST definition, patients have no signs of systemic toxicity and no uncontrolled co-morbidities, no recorded significant co-morbidity (peripheral vascular disease, chronic venous insufficiency or morbid obesity), no sepsis.

**Class II:** CREST definition, patients are either systemically ill or systemically well but with co-morbidity such as peripheral vascular disease, chronic venous insufficiency or morbid obesity, which may complicate or delay resolution of their infection; documentation of one or more significant co-morbidities (peripheral vascular disease, chronic venous insufficiency or morbid obesity) but no sepsis.

**Class III:** CREST definition, patients may have a significant systemic upset such as acute confusion, tachycardia, tachypnoea or hypotension or may have unstable co-morbidities that may interfere with response to therapy or have a limb-threatening infection due to vascular compromise. **(These patients should be referred to hospital.)**

**Class IV:** CREST definition, patients have sepsis syndrome or severe life-threatening infection such as necrotizing fasciitis. **(These patients should be referred to hospital.)**

## EXCLUSION CRITERIA FOR OPAT – IF ANY DOUBT CONSULT LOCAL CLINICAL MICROBIOLOGY or INFECTIOUS DISEASES

- Age < 16 years
- Facial cellulitis
- Diabetes related infections
- Renal impairment
- Penicillin allergies
- Cellulitis overlying a joint
- Systolic BP <100mmHG
- Cellulitis associated with a bursitis
- Pain out of proportion to the appearance of the cellulitis
- Rapidly spreading and blistering cellulitis
- History of IVDU
- Other active medical problems
- History of C diff Infection
- Patient unable to be reviewed by the GP in the next 24 hours
- GP unable to obtain FBC, U&E, LFTs and CRP pre treatment

## Treatment Options For Mild-Moderate Cellulitis – Class 1-2 (All Class 3 And 4 Patients Should Be Referred To Hospital)

- Several oral antibiotics are appropriate. Duration should be 7-10 days total.  
Flucloxacillin 500mg-1grm QDS  
Or  
Doxycycline 100mgs BD  
Or  
Clindamycin 450-600mgs QDS
- *The decision to give an IV antibiotic is a clinical decision based on severity of the infection, presence of systemic infection/upset, and clinical experience of the prescriber.*

Intravenous option for patients not allergic to penicillin \*.

**Cefazolin 2grms once daily IV WITH Probenecid 1grm orally once daily (Check interactions and normal renal function) OR Cefazolin 2grms twice daily IV.**

\* If the patient is Penicillin allergic and an IV option is necessary, they are not initially suitable for OPAT and should be referred to the local ED or AMU.

**Cefazolin:** 2g dose must be given by infusion. This medicine has been approved for use on the National OPAT service. It is licensed in other European countries but is currently waiting to be licensed in Ireland.

**Probenecid:** This medicine has been approved for use on the National OPAT service. It is licensed in other European countries but is currently unlicensed in Ireland.

**Significant Probenecid Interactions (most common)**

Probenecid should not be prescribed with the following medications:

Methotrexate

Na phenylbutyrate (urea cycle disorders)

Ketorolac

Pyrazinamide

High dose aspirin

Dapsone

Heparin

Fosfomycin

This list is not exhaustive and if you have concerns you should check with the pharmacist in the OPAT Management Control Centre 01-4276000.

- The prescription will include authorisation for administration of emergency medicines in the event of an allergic reaction.

This service is provided to all patients with PPSN/ DPS/ GMS/ LTI number. Patient consent form (available on [www.opat.ie](http://www.opat.ie)) includes consent to share this data.

### Pathway

- GP assesses patient and identifies them as suitable for OPAT
- GP telephones OPAT Management Control Centre MCC 01-4276000
- MCC check availability of CIT/ OPAT nursing providers and IV antibiotic delivery schedule
- MCC take referral details by phone and record details on the opat referral portal - clinical history, confirmation bloods have been taken (FBC, U&E, LFTs and CRP), and GMS/ LTI/ DPS/ PPSN.
- Patient provides written consent to OPAT (forms available on [www.opat.ie](http://www.opat.ie))
- MCC scans and sends by healthmail/ faxes a copy of referral and prescription for Cefazolin 2g IV once daily with Probenecid 1g orally once daily  $\leq 3$  doses **OR** Cefazolin 2g IV BD  $\leq 6$  doses to the GP
- GP signs prescription and scans/ faxes to MCC  
Hard copy sent by post within 72 hours
- MCC forward referral and prescription details to CIT/OPAT nurse provider and the company providing the medication/ ancillaries when fax/ scanned signature received
- Antibiotics and ancillaries delivered to patient's home/ CIT clinic
- CIT/ OPAT nurse/ GP inserts cannula and administers first and subsequent doses of IV antibiotic
- If nurse concerned about medical status of patient:  
Contact referring GP  
If unavailable - Assess patient with a view to referral to local ED/AMU
- GP reviews patient at 24hrs to ensure patient is responding to therapy
- GP reviews patient at 72 hours with view to oral switch /referral to ED/ AMU if not responding to therapy