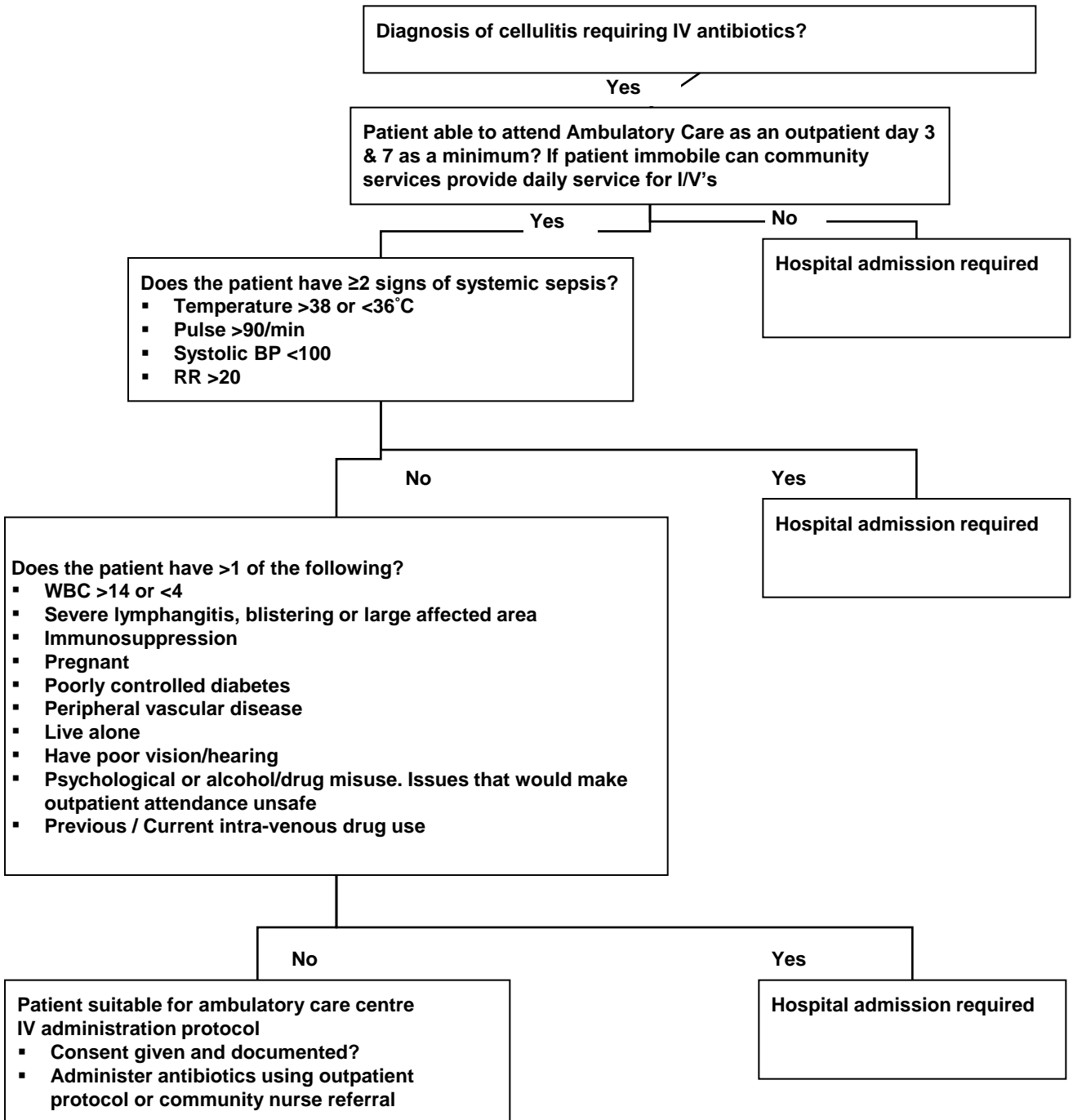


Cellulitis (1/4)



Person completing

Sign: _____

Print: _____

Cellulitis (2/4)

Ambulatory protocol

1. Initial

I/V Teicoplanin 400mg
(as bolus over 3-5mins)
teicoplanin 1st drug of choice
Photograph & measurement of wound site

Repeat 400mg loading dose after 12hrs (can they return for this?)
Final 400mg loading dose
after further 12 hours



2. Daily attendance or community service

Should there be
alternative antibiotic
option for
contraindications?

Teicoplanin 400mg
(as bolus over 3-5mins)
? wound checked



For medical review day 3 & day 7. To consider increase of teicoplanin at day 3 & 7 consider the next stage of treatment



3. Oral conversion

Once patient is afebrile for 48 hours and has evidence of definite improvement in the appearance of their cellulitis

Flucloxacillin 500mg qds
AND
Amoxycillin 500 tds
(for minimum 7 days)

OR if
penicillin
allergic

Clarithromycin 500mg
bd
(for minimum 7 days)

The antibiotics are prescribed on an A&E prescription located on the MGPU or within the MGPU referral box located on the MAC behind the reception desk. The total duration of the antibiotic course (both iv and oral) should be a minimum of 7days and may need to be significantly longer. Prepacks of the oral antibiotics will be kept on the MGPU and MAC and issued as per the medicines management policy. We need to organise this aspect with pharmacy

Cellulitis (3/4)

Daily checklist

Ensure pt added to IPM as day attended and discharged for each review

Assess patient

- Patient systemically better?
- Side effects of anti biotics
 - GI upset
 - Rash
- Celluitic area:
 - Site marked?
 - Improved?

If area unchanged on 2 visits – Doctor to review

- Dressing intact & secure?
- Venflon – VIP chart checked?
- Check observations
 - Normal?

If abnormal, must be discussed with doctor

- Abnormal bloods to be repeated at 48 hours
 - Normal?

If abnormal, must be discussed with doctor

Antibiotic administration

- Check identity of patient
- Check for allergy

Duration of treatment

- Has the cellulitis improved?
- Apyrexial for 48 hours?
- Blood tests normal/better?

| Date: | Day 1 | | Date: | Day 2 | | Date: | Day 3 | |
|--|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| | Yes | No | | Yes | No | | Yes | No |
| Patient systemically better? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Side effects of anti biotics | | | | | | | | |
| – GI upset | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| – Rash | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Celluitic area: | | | | | | | | |
| – Site marked? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| – Improved? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Dressing intact & secure? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Venflon – VIP chart checked? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Check observations | | | | | | | | |
| – Normal? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Abnormal bloods to be repeated at 48 hours | | | | | | | | |
| – Normal? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Antibiotic administration | | | | | | | | |
| Check identity of patient | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Check for allergy | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Duration of treatment | | | | | | | | |
| Has the cellulitis improved? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Apyrexial for 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood tests normal/better? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

If YES convert to oral antibiotics as per Appendix A. Antibiotics can be prescribed using EDL and TTA packs or FP10. Treat for a total course (iv and po) for a minimum of 7 days. Complete NOD letter

Any Grey boxes ticked require action

Person completing

Sign: _____

Print: _____

Cellulitis (4/4)

Discharge checklist

| | Yes | No |
|---|--------------------------|--------------------------|
| ▪ Attendance with diagnosis of Cellulitis | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Suitable for outpatient cellulitis service (See criteria below) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Consent documented in notes | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Mark cellulitic area with indelible pen | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Photograph of area (if possible) | <input type="checkbox"/> | <input type="checkbox"/> |
| Complete discharge checklist below | | |
| ▪ Patient given information leaflet | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Ensure cellulitic area clearly marked | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Venflon secure, flushed with saline and dressed with solfa band and comfigrip | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Insertion date is present and VIP score completed | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Identifying first return point and time (EAU if next day). Timing to occur as close to 24 hours after last antibiotic dose as is feasible) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Electronic Discharge Letter | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Book patient into EAU outpatient antibiotic book | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ In Box leave | | |
| – Medical and nursing notes | <input type="checkbox"/> | <input type="checkbox"/> |
| – Observation chart | <input type="checkbox"/> | <input type="checkbox"/> |
| – Drug chart and antibiotics | <input type="checkbox"/> | <input type="checkbox"/> |

All boxes must be ticked and clear for patient to be entered into the pathway