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| ***Patient ID Label*** |

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| --- | --- |
| Date | Clinician |

Confirm Diagnosis

(acute onset unilateral lower limb swelling, pain and redness)

No acute surgical intervention needed

No other Exclusion criteria

Decide Classification

(See Reverse)

Ensure Swab of any Exudate is sent

In-patient Treatment

Class 1

Class 2

Class 3

Class 4

Out-patient IV treatment

Out-patient oral Treatment and Self care

**Exclusions:**

1. Non lower limb cellulitis: needs specialist opinion
2. Cellulitis Involving human or animal bite
3. Varicose Eczema: Contact Vascular ANP bleep #385. May need dermatology/Vascular opinion
4. Query DVT: Investigate appropriately
5. Unsuitable social circumstances for out-patient IV treatment

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| Crest Classification for Lower limb cellulitis | |
| Class 1 | Patient shows no signs of systemic toxicity and has no uncontrolled co-morbidities |
| Class 2 | Patients are systemically unwell without significant co-morbidity or are systemically well with a co-morbidity which will delay or complicate resolution of infection (peripheral vascular disease, chronic venous insufficiency, uncontrolled diabetes) |
| Class 3 | Significant signs of systemic toxicity: tachycardia, acute confusion, hypotension with co-morbidities which will complicate resolution. Or limb threatening infections |
| Class 4 | Septic shock or severe life threatening infection |

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|  | Antibiotic Choice | Penicillin Allergy |
| Class 1 | Flucloxallin 500mg PO QDS | Clindamycin 450mg QDS |
| Class 2 | Cefazolin 2g IV OD + Probenecid 1g PO | Cefazolin 2g IV OD + Probenecid 1g PO |
| Class 3 | Flucloxacillin 2g IV QDS | Cefazolin 2g TDS |
| Class 4 | Flucloxacillin 2g IV QDS + Clindamycin 600mg IV TDS | Vanvomycin(calculated dose) IV + Clindamycin 600mg IV TDS |

**Out-patient IV Treatment Pathway**

**This will involve once daily Cefazolin 2g IV and Probenecid 1g PO.**

* All patients should have ED/AMAU registrar review to ensure suitability for out-patient treatment.
* All patients should have clear notes written with documentation of inflammatory markers and swabs sent. The area of cellulitis should be demarcated.
* OPAT should be contacted early in patients journey to assess availability
* Patients attending during **Weekday working hours** should be given appropriate antibiotic treatment and then discussed with Mariin Ni Flatharta/ AMU ANP (3725) to organise a suitable review appointment.
* Patients attending **outside weekday working hours** should be given appropriate antibiotic treatment and advised to return to the Emergency Department for daily review by senior clinician until OPAT/oral switch can be arranged.

**Ambulatory Care Patient Information**

**Instructions for patients with cellulitis**

**being treated as an outpatient**

* You are being treated for cellulitis, this is an infection of the soft tissues of your skin.
* The medical team looking after you have decided you are currently well enough to go home and be treated as an out-patient
* You will be followed daily in a review clinic
* We would like you to attend at on / / .
* You will be reviewed clinically and will receive intravenous antibiotics as long as appropriate.
* We would like you to elevate the leg while at home and to take any other pain relief or medications that are prescribed to you.
* Please bring an overnight bag to your review appointment as you may require hospital admission in the unlikely event your condition has deteriorated
* If you have any queries in the meantime, please contact either of the numbers below
  + Galway University Hospital Emergency Department 091-544556
  + Galway University Hospital AMAU 091-853725