

ADULT CELLULITIS PATHWAY (excludes cellulitis following human or animal bites)

ED Triage or SDEC: Adult patient presenting with cellulitis
(Send Pus or Swab culture if clinically indicated & check previous sensitivities if available)

Failed first-line PO treatment (received appropriate antibiotics at the right dose for at least 5 days) **OR** needs IV antibiotics (ASSET¹ score ≥4)?

NO

YES

***Pharmacy opening times:**
Rowland HRI M-F 9.30am – 5.30pm (Inpatient pharmacy can accept until 6pm)
Rowlands CRH M-F 8.30am – 7.00pm
Sat/Sun 8.30am -5pm (both sites)

First Line Treatment
Flucloxacillin PO 500mg QDS upto 1g QDS if more severe for 7 days
OR
If penicillin Allergy: Clarithromycin PO 500mg BD for 7 days
OR
If h/o MRSA in the last 3 years: Doxycycline PO 100mg BD for 7 days
Discharge back to the GP

NO

Follow [CHFT cellulitis guidance](#)

Suitable for outpatient management?

YES

Out of hours (see pharmacy opening times*)

YES

****Give first dose of antibiotics**
IV Ceftriaxone 2g OD **OR**
If penicillin allergy or recent h/o MRSA: Teicoplanin 12mg/kg (max 2g) loading dose

NO

Contra - indications to Linezolid? (See [SPC](#))

Exclusion criteria for outpatient management

- Inability to be managed at home
- likelihood of non-compliance (e.g. PWID²)
- Severe sepsis suspected with NEWS score ≥5 or 3 in one area
- Orbital cellulitis
- Suspicion of necrotising fasciitis, Class III and IV cellulitis

Cautions

- Patients with a surgical site infection, possible joint involvement, hand trauma, bursitis, post-burn may require specialist surgical or orthopaedic review before consideration for OPAT
- AKI, Immunosuppression -unless agreed with consultant

NO

Consider Linezolid PO 600mg BD for 7 days & review on SDEC
Send a baseline FBC and monitor weekly
Maximum duration 14 days
Note: Linezolid can have serious interactions with many medicines including anti-depressants. Ensure an accurate drug history including all medications taken in the last 2 weeks and check for interactions.
Use linezolid with caution if history of seizures
Patients who have pre-existing anaemia, granulocytopenia, thrombocytopenia or severe renal or hepatic insufficiency may require more frequent monitoring of blood counts. Consider whether OPAT may be more appropriate.
If prescribing Linezolid: prescribe on outpatient prescription (select Ring when ready) and counsel the patient.

How will the patient obtain this outpatient prescription?

Collect from pharmacy

Deliver to patient's home (NEEDS REASON BELOW)

Ring when ready (state phone number below if c

If out of hours, ensure patient had first dose of antibiotic (as above**) and they are aware they need to get the supply from pharmacy once they are open within the next 24 hours.

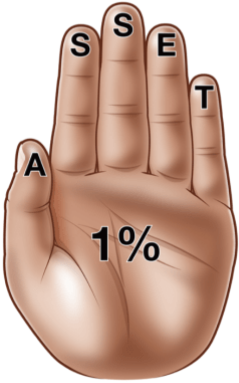
YES

Consider OPAT
See [OPAT intranet page](#) for OPAT contact numbers & to check capacity
If no capacity patients can continue IV antibiotics on SDEC.
OPAT Antibiotics:
IV Ceftriaxone 2gram OD & review after 3 days on SDEC
If Penicillin allergy or recent (last 3 years) h/o MRSA
IV Teicoplanin 12mg/kg (max 2g) loading dose (if not had in ED) followed by 6mg/kg every 24 hours.
Review after 3 days.
Will need weekly pre-dose teicoplanin levels if continuing for >1 week (first level prior to the 5th dose)

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Note:

1. ASSET score (reference below)

	Feature	Scale	Maximum score
	Area	0 = less than 1% body surface area affected 1 = 1% or more body surface area affected	1
	Systemic features	0 = absent 1 = present	1
	Swelling	0 = none 1 = mild 2 = moderate/severe	2
	Eye	0 = not involved 1 = involved	1
	Tenderness	0 = none 1 = mild 2 = moderate/severe	2
	Total		7

2. For PWIDs presenting with cellulitis where compliance is an issue or IV antibiotics are indicated, please discuss once/weekly antibiotic options with microbiology.

The flowchart is for empiric antibiotic guidance only. Please review antibiotic treatment following any positive cultures and discuss with microbiology if required.

For cellulitis following human or animal bites, please check Trust guidance on <https://documentation.cht.nhs.uk/uploads/291/SSTI%20guideline%20July%202021%20penicillin%20allergy%20wording%20updated.pdf>

Discuss with Microbiology if there has been a penetrating injury, exposure to water-borne organisms or if the patient does not begin to improve within 2-3 days of effective treatment. **Patients with a history of lymphoedema** may require longer duration of antibiotic treatment (minimum 2 weeks)

Related guidance/references:

1. CHFT Antibiotic guidelines on the treatment of skin and soft tissue infections via the link below
2. [CHFT Repository: CHFT Intranet \(cht.nhs.uk\)](#)
3. CHFT OPAT guidance
<https://intranet.cht.nhs.uk/clinical-information/opat-outpatient-antibiotic-therapies>
4. Development and Validation of a Cellulitis Risk Score: The Melbourne ASSET Score. Ibrahim LF *et al.* PEDIATRICS Volume 143, number 2, February 2019:e20181420
5. CFHT Linezolid guideline [CHFT Repository: CHFT Intranet \(cht.nhs.uk\)](#)
6. CHFT Linezolid Patient Information Leaflet
<https://plr.cht.nhs.uk/uploads/603/cpha0009%20v3%20Feb22%20Linezolid%20A4.pdf?time=1601287360>