

Document Control Report

Title Cellulitis Pathway			
Authors Dr Andrew Davis Dr Alison Moody Dr Gail Speirs Rowena Green Chris Thomas Sandra Walsh Nigel Warner		Author's job designation Lead Clinician Medicine Consultant Physician Consultant Medical Microbiologist, Chair of Antibiotic Working Group General Manager, Medicine and AE Senior Nurse, Community Modern Matron Ilfracombe Staff Nurse, Assessment Clinic	
Directorate Medicine		Sub-directorate	Department
Version		Date Issued	Status
Comment			
1.00	1.5.09	DRAFT	
1.10	14.5.09	Ratified subject to amendments DTG.	As per DTG minutes 14.5.09
1.10	19.5.09	Ratified by Devon PCT Prescribing Interface Group (North Devon)	As per PIG minutes 19.5.09
Main Contact Dr Gail Speirs Consultant Medical Microbiologist Pathology Department North Devon District Hospital Raleigh Park Barnstaple Devon EX31 4JB Tel: Direct Dial – 01271 322798 Tel: Internal – 2798 or bleep 193 Email: gail.speirs@ndevon.swest.nhs.uk			
Document Class Treatment Pathway		Target Audience (list all teams) All clinical staff	
Distribution List All clinical staff including community and GPs		Distribution Method TarkaNet	
Superseded Documents Not Applicable			
Issue Date April 2009		Review Date April 2011	Review Cycle 2 years
Consulted with the following stakeholders: (list all) <ul style="list-style-type: none"> • 1 All potential users of pathway 		Contact responsible for implementation and monitoring compliance: Job Designation (not name)	
		Education/ training will be provided by: Job Designation (not name)	
Approval and Review Process <ul style="list-style-type: none"> • 1 Antibiotic Working Group • 2 Medical Directorate • 3 Drug and Therapeutics Group • 4 Devon PCT Prescribing Interface Group (North Devon) 		Ratified by Trust Board? No	
Archive Reference Pharmacy Path 01 Caz-Pam/01 Paul Cooper/Policies Strategies Procedures Guidelines/ Filename Pathway for Cellulitis v1.10			
Document Level (for Corporate Affairs use only):			

Contents

Section	Page
1 Introduction	
2 Initial Assessment	
3 Outpatient Treatment	
4 Discharge	
5 Management on Day 3	
6 Management on Days 4 and 5	
7 Management on Day 6	
Appendices	
A 1	Cellulitis Pathway Treatment Algorithm

CELLULITIS PATHWAY

1 Introduction

This pathway was developed by a clinical working group as part of the 're-designing emergency care' project. Its purpose is to standardise the assessment and treatment of cellulitis throughout North Devon and prevent the unnecessary admission of patients.

OPERATIONAL PATHWAY

2. Initial Assessment:

- 2.1 Patients will be referred to the GP triage nurse via the bleep either from A&E or from GPs either as suspected DVTs who, following appropriate assessment are diagnosed as cellulitis or direct 'cellulitis' referrals from GPs.
- 2.2 All patients will be seen in the assessment clinic situated on level 1 on MAU. Initially the service will operate (9am to 5pm Monday to Friday).
- 2.3 The assessment clinic nurse (ACN) will receive the referral and obtain relevant details from the referrer to ensure the patient is suitable for outpatient treatment (For exclusions see flow chart).
- 2.4 The patient will be given a time and date to report to the clinic.
- 2.5 The patient will initially be assessed by the ACN, who will complete an admission proforma. A decision will then be made about either inpatient or outpatient treatment. The patient's vital signs, including temperature, will be recorded. Investigations will include ECG and bloods (U&E, FBC, CRP, blood cultures if pyrexial and wound swab if appropriate). To screen for MRSA **all** patients should have a pre-moistened swab applied to anterior nares and sent for MRSA screen.
- 2.6 The patient will be reviewed by either the Physician of the Day (POD) or SpR for the diagnosis to be confirmed and treatment plan implemented.
- 2.7 Outpatient arrangements must be discussed with the patient and the patient can decide if it is appropriate to attend a community hospital or if a District Nurse visit is required. An appointment must be made and documented.

3. Outpatient Treatment:

- 3.1 ACN will either contact the patient's GP surgery and discuss treatment plan and visit arrangements with the District Nurse or the community hospital to arrange for the patient to attend.
- 3.2 The PoD/SpR must prescribe the antibiotic and a saline flush on a hospital prescription chart:
Ceftriaxone 1g IV once daily for 3 days
3 x 10mls water (as diluents)
3 x 10mls saline (as flush)
The chart must be clearly signed and dated.
Heparinised saline may be considered in some cases but should not be used routinely.

- 3.3 The ACN will insert a peripherally inserted cannula or midline using a strict aseptic technique and following the relevant policy (Intravascular Device Policy Appendix A).
- 3.4 The line must be flushed using a saline flush and then the 1st dose of the antibiotic administered. A final saline flush must also be administered followed by heparinised saline flush if indicated.
- 3.5 The line must be protected with either a gauze bandage or tubular dressing.
- 3.6 The patient must be given clear instructions on how to care for the line and what to do if complications occur or the patient's condition deteriorates (see patient information sheet).

4. Discharge:

- 4.1 The patient must be given the day 2 dose of antibiotics and any equipment required for administration.
- 4.2 A treatment card must be completed giving clear instructions to the patient on what happens on day 2 and a time to re-attend the NDDH assessment clinic on Day 3.
- 4.3 Transport arrangements should be made if necessary

5. Day 3:

- 5.1 Patient returns to NDDH assessment clinic.
- 5.2 Patient reassessed by ACN and vital signs and Visual Infusion Phlebitis score (VIP) recorded.
 - Bloods taken for FBC, U&E, CRP)
- 5.3 Patient reviewed by PoD/SpR.

1. If patient remains well, CRP improving and cellulitis resolving, convert to oral antibiotics 7 days:-

- Flucloxacillin 1g qds or cefalexin 1.5g qds if 'low-risk' penicillin allergic. (If cefalexin is unavailable then cefradine 1g qds can be used as an alternative)
- discharge back to GP for review in 7days

2. If patient remains well, CRP improving but cellulitis still active, continue 2 further days on IV antibiotics

- ACN contacts community hospital/District Nurse and arranges further treatment
- ACN ensures prescription chart is completed and signed by either PoD/SpR
- ACN organises further 2 doses of antibiotics/heparinised saline flush and equipment for 2 further doses

3. If patient clearly unwell and not responding to treatment then patient admitted.

6. Day 4/5:

IV antibiotics.

7. Day 6:

Patient returns to NDDH assessment clinic for review and further management plans.

- Reviewed by POD/SpR
- Refer back to GP – for review in 5 days
- Prescribe oral antibiotics for 5 days (flucloxacillin or cefalexin/cefradine see section 5.3)
- If appropriate, arrange NDDH outpatient follow up appointment as agreed with PoD/SpR or admit patient

CELLULITIS PATHWAY

