POAC Management of Moderate Cellulitis in ADULTS (>16 yrs)

Exclusions:

- <16 years
- use of IV antibiotics for eGFR
 <35
- Severe allergy to Penicillin
- Any allergy to Cephalosporin
- Severe illness/signs of sepsis
- Bites animals or human
- Periorbital Cellulitis
- Diabetic foot infections
- Chemotherapy/neutropenic

Cautions:

- Older patients
- Diabetes with stable control
- Co-morbidities
- Wounds postoperative or penetrating

Deteriorating or is

becoming systematically

unwell

Refer to hospital

- Lymphoedema
- Spread from adjacent structures
- ENT/facial infections

Moderate (Eron Class II)

Mild systemic illness (temp <38.5, P<100)

OR systemically well but with a co-morbidity such as:

- peripheral vascular disease
- morbid obesity
- chronic venous insufficiency

For patients with moderate cellulitis, oral therapy should be considered as a first option.

High dose oral therapy

Antibiotic Treatment - First Choice:

- Flucloxacillin 1g qid, for 7 days with food
- For severe cases boost with Probenecid 500mg tds to gid with food
- Probenecid dose reduction in renal impairment required:
 - o if eGFR 35-60, 250mg tds to qid with food
 - o if eGFR <35 do not use Probenecid

OR if flucloxacillin not tolerated:

- Cefalexin 1g QID, for 7 days
- For severe cases boost with Probenecid 500mg tds to qid with food
- Probenecid dose reduction in renal impairment required:
 - o if eGFR 35-60, 250mg tds to qid with food
 - o if eGFR <35 do not use Probenecid

If not responding

particularly for the elderly or high-risk patients

GP review after 48 Hrs

Not Improving

Consult with ID physician

• Extend IV therapy for a further 2 days (48 hrs)

Consider blood tests for FBC, CRP and

creatinine to help guide management,

Antibiotic Treatment - Alternatives (consult with ID physician):

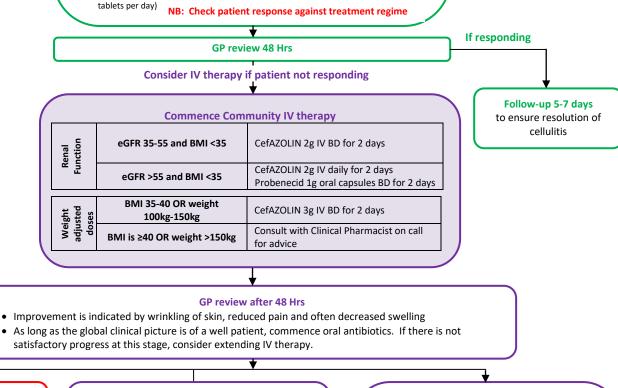
clindamycin 300mg - 450mg, TDS or QID for seven days

OR (if MRSA present)

co-trimoxazole 160+800mg (2-4 tablets), BD or TDS for 5-7 days (maximum dose of 12 tablets per day)

Criteria for Community IV Therapy:

- Has no 'exclusions'
- Patient clinically stable and unlikely to deteriorate
- Patient has consented to treatment
- Safe home environment for IV therapy
- Patient is a NZ resident
- Access to telephone 24/7 and transport
- Recent weight
- Recent renal function



Improving,

Disclaimer: This flowchart is a guide only. Professional judgement should be used in all instances.

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Follow-up 5-7 days to ensure resolution of cellulitis

If responding, commence oral antibiotic therapy

Flucloxacillin 500mg, QID for 7 days (with food)

with food

days OR

OR if MRSA present

OR if Flucloxacillin not tolerated

Erythromycin 400mg QID

• Cefalexin 500mg, QID for 7 days

Antibiotic Treatment - Alternatives

if weight >100kg, Flucloxacillin 1g qid for 7 days

Roxithromycin 150mg, BD or 300mg daily for 7

Co-trimoxazole 160+800mg (two tablets) BD for