mapofmedicine

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
- 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.

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

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 qid with food
- Probenecid dose reduction in renal impairment required:
  - if eGFR 35-60, 250mg tds to qid with food
  - 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:
  - if eGFR 35-60, 250mg tds to qid with food
  - if eGFR <35 do not use Probenecid

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)

NB: Check patient response against treatment regime

GP review 48 Hrs

If responding

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

Consider IV therapy if patient not responding

Commence Community IV therapy

Renal Function	**eGFR 35-55 and BMI <35**	CefAZOLIN 2g IV BD for 2 days
	eGFR >55 and BMI <35	CefAZOLIN 2g IV daily for 2 days Probenecid 1g oral capsules BD for 2 days
Weight adjusted doses	**BMI 35-40 OR weight 100kg-150kg**	CefAZOLIN 3g IV BD for 2 days
	BMI is ≥40 OR weight >150kg	Consult with Clinical Pharmacist on call for advice

GP review after 48 Hrs

- Improvement is indicated by wrinkling of skin, reduced pain and often decreased swelling
- As long as the global clinical picture is of a well patient, commence oral antibiotics. If there is not satisfactory progress at this stage, consider extending IV therapy.

Deteriorating or is becoming systematically unwell

Refer to hospital

If not responding
- Extend IV therapy for a further 2 days (48 hrs)
- Consider blood tests for FBC, CRP and creatinine to help guide management, particularly for the elderly or high-risk patients

GP review after 48 Hrs

Improving

Not Improving

Consult with ID physician

If responding, commence oral antibiotic therapy

First choice:
- Flucloxacillin 500mg, QID for 7 days (with food)
- if weight >100kg, Flucloxacillin 1g qid for 7 days with food

OR if Flucloxacillin not tolerated
- Cefalexin 500mg, QID for 7 days

Antibiotic Treatment – Alternatives
- Roxithromycin 150mg, BD or 300mg daily for 7 days **OR**
- Erythromycin 400mg QID

OR if MRSA present
- Co-trimoxazole 160+800mg (two tablets) BD for 5-7 days

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

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