CELLULITIS GUIDELINES FOR PEOPLE WITH LYMPHOEDEMA / CHRONIC OEDEMA IN NHS WALES

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DIAGNOSING AND MANAGEMENT OF CELLULITIS

SIGNS	SYMPTOMS
• Increasing erythema • Pain in affected area • Demarcation line or diffuse area • Increasing oedema in affected area • Bullae, blisters, bruising, petechiae • Hot to touch • Rapid onset of signs and symptoms • Unilateral presentation in vast majority • Raised inflammatory/ bacterial markers (CRP, WBC).	• Nausea • Vomiting • Lethargy • Rigors

**Not all signs and symptoms may be present at once*

RED FLAGS

Consider admission or appropriate urgent referral if signs/ symptoms suggest complications:-

- Systemic toxicity / sepsis
- Deep vein thrombosis
- Tissue necrosis
- Uncontrolled co-morbidities
- Clinical concern

MANAGEMENT OF CELLULITIS

- Draw line around erythema to track rising signs of infection
- Antimicrobials are vital (see antimicrobial pathway on page 3)
- Appropriate analgesia (paracetamol, ibuprofen)
- Daily skin care i.e. cleansing and moisturising plus use cool compress to reduce discomfort
- Reduce or stop compression if painful but recommence as soon as tolerated
- If no improvement after 48 hours of antibiotics review antimicrobial pathway or escalation to appropriate clinician or pathway
- Identify the cause of the cellulitis if possible to reduce the risk of recurrence
- Contact the Lymphoedema Service if patient has oedema or associated skin changes
- If patient has had two or more episodes of cellulitis, consider the prophylactic antimicrobial pathway

Antimicrobial Cellulitis Pathway for people with Lymphoedema/ Chronic Oedema

Uncomplicated Cellulitis
(No clinical red flags identified)

Prescribe **Flucloxacillin** 500mg–1g 6 hourly (QDS) for 7-14 days*

Allergic to Penicillin - **Clarithromycin** 500mg 12 hourly (BD) for 7-14 days* or contact microbiology for suitable alternative

**use clinical judgement and amount of oedema when considering strength of dose and duration*

Cellulitis resolving to oral antibiotics

- After completion of antimicrobial course if no further signs of bacterial infection, no further antimicrobials necessary
- If signs of inflammation after antimicrobial course, consider topical steroid treatment- *skin can take some time to return to what is normal for the patient*

Complicated Cellulitis
(Clinical red flags identified)

Requires appropriate referral or consider OPAT Service *(Outpatient Parenteral Antimicrobial Therapy)* for IV antibiotics required or close monitoring after medical review

Poor response to antibiotics after 48 hours or possible systemic toxicity

- Consider second line **Clindamycin** 300mg–450mg 6 hourly (QDS) for 7-14 days
- Discuss with Microbiology if plateau of symptoms/ Clindamycin unsuitable
- Consider swabbing wounds if present
- **Consider escalation if signs of systemic toxicity at any stage of treatment**

If the patient has had at least two cellulitis episodes in 12 months consider the Cellulitis Prophylactic Pathway

Important - if the patient has lymphoedema / chronic oedema or has repeated cellulitis please refer to the local Lymphoedema Service on this link:

Lymphoedema Service Referral Form

Prophylactic Antimicrobial Cellulitis Pathway for people who have Lymphoedema / Chronic Oedema

Considerations - has the patient:

- Had at least two episodes of cellulitis in the past 12 months
- Been under the care of the local Lymphoedema Service
- Had all obvious causes for recurring cellulitis addressed e.g. wounds, chronic skin conditions
- Had a swab result that is MRSA negative if wound present.
- Had information on prophylaxis and consents to treatment

YES

First line Antimicrobial

- Penicillin V 250 mg BD for 6 months if BMI < than 33
- Penicillin V 500 mg BD for 6 months if BMI > than 33
- Review after 3 months for progress
- Discontinue at 6 months if no further episodes

Allergic to Penicillin

- Clarithromycin 250mg OD for 6 months
- Consider Microbiology advice for alternative to Clarithromycin
- Review at 3 months for progress.
- Discontinue at 6 months if no further episodes of cellulitis

NO

Continue Lymphoedema Management:

- Daily skin care,
- Weight management,
- Compression
- Activity and movement

Further episodes of cellulitis

- Treat all reversible risk factors appropriately (lymphoedema, wounds etc.)
- Refer to the appropriate specialisms as indicated
- Seek advice from Microbiology if further information or assessment is required

Lymphoedema patients with a history of recurring cellulitis may require a RESCUE PACK of antibiotics to ensure prompt treatment. The need for a rescue pack of antibiotics will be based on collaboration between lymphoedema services, primary care and individual patients.

Any questions?

If you have any questions, please contact:

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