

CELLULITIS

Transfer Criteria

H&P consistent with cellulitis, requires > 1 dose antibiotics
Fever < 40°C, WBC < 20,000
Uncomplicated periorbital cellulitis

Exclusion Criteria

Septic or toxic appearance, pt. immunosuppressed, temperature > 40°C
Cellulitis involves true orbit, upper lip/nose, neck, or > 9% TBSA
Extensive tissue damage, sloughing, cellulitis secondary to a deeper process (abscess, osteomyelitis, deep wound infection)
Patient unable to care for self at home
Patient already failed outpatient treatment
Patient can be discharged after 1 dose of antibiotics

Observation Unit Interventions

IV antibiotics *analgesics on prn basis
Teaching patient cellulitis management at home
Home care consultation for cellulitis management home care
Mark edges of cellulitis with indelible marker as reference point
Pertinent labs (CBC, glucose, blood cultures, wound cultures if indicated)

Disposition

Home:

WBC stabilized (if performed)
Improved clinical condition, temperature not rising over 8 hours
Able to perform cellulitis care at home, home care arranged as necessary, able to take oral medications**
Area of cellulitis not enlarging

Admit if:

No response to IV therapy, rising WBC
Increase in skin involvement
Temperature not reduce or rising
Unable to take oral medications
Unable to care for wound at home, home care unavailable

* Suggested **IV** agents: cefazolin, nafcillin, vancomycin, clindamycin, ampicillin/sulbactam, ceftriaxone, ticarcillin/clavulanate.

** Suggested **oral** agents: cephalexin, clindamycin, erythromycin, ofloxacin (not ciprofloxacin), or amoxicillin/clavulanate. (ampi/sulbact. in diabetic pts. or cat/dog bites, erythro. in non-diabetics)