

# Cellulitis and ACC Cellulitis – IV Treatment

## COMMUNITY MANAGEMENT OF SOFT TISSUE INFECTIONS

### 1. Select patients carefully.

- Is it safe and clinically appropriate?
- Patients with unstable congestive heart failure, poorly controlled diabetes, peripheral vascular disease, peripheral ulcers, chronic renal failure, facial cellulitis and those on steroid medication or immunosuppression may not be suitable for community management and should be discussed with the infectious disease specialist (or ED specialist after hours).
- Is the patient mentally and socially capable of being treated in the community?
- Is there adequate support at home?
- Is there telephone access to medical services 24 hr/day?
- If the patient has an allergy to cephalosporin or anaphylaxis to penicillin discuss with infectious diseases specialist (or ED specialist after hours).

### 2. Monitor daily for complications and inform the patient what to look out for (use information leaflet).

- Local – signs of increasing tissue infection such as pain, swelling, ulceration, increasing cellulitis.
- Systemic – signs of toxicity, unresolving/worsening fever, hypotension, tachycardia, generally unwell.
- Adverse reactions to antibiotics.

If any of the above or not responding to treatment refer to hospital or discuss with infectious disease specialist (or ED specialist after hours).

### 3. Drug profiles

#### CEFAZOLIN

##### Contraindication

- Cephalosporin hypersensitivity. Up to 10% cross reaction in those with penicillin hypersensitivity.
- Renal impairment
  - GFR < 40ml/min reduce daily dose to 1g/24hr
  - GFR < 30ml/min the probenecid cannot be used. It may be possible to use 1g/24hr without probenecid in significant renal failure. Refer to hospital or discuss with infectious diseases specialist (or ED specialist after hours).

##### Dosage and administration

2g IV once daily. Reconstitute as per manufacturer instructions.  
Slow IV injection over 3-5 mins.

##### Adverse effects

Pain at injection site, watch for extravasation  
Diarrhoea, consider pseudomembranous colitis  
If concerned contact infectious disease consultant.

#### PROBENECID

##### Contraindications

- Blood dyscrasias
- Acute gout
- Renal impairment – poor efficacy if GFR <30ml/min
- Caution if history of peptic ulcer
- Elite athletes – banned substance, seek advice of sports medicine specialist

##### Dosage and administration

1g orally daily

##### Adverse effects

Pruritis, headache, flushing, dizziness, GI disturbance, nausea, urinary frequency, hypersensitivity reactions



# COMMUNITY MANAGEMENT OF SOFT TISSUE INFECTIONS

## Suitable Community Treatment

(Note 1)

- Adult  $\geq$  15 years
- Clear diagnosis
- Medically stable
- Satisfactory IV access
- Suitable social circumstances including telephone access

Poor response to oral treatment OR  
oral treatment not appropriate

Outline area of cellulitis

## Laboratory Investigations

- Glucose
- Consider creatinine if elderly or renal failure risk (note 3)

Check no cephalosporin allergy/anaphylaxis to  
penicillin (note 1) & not known MRSA carrier

Insert IV luer / butterfly

## Treatment (note 3): First dose to be given in general practice

Cefazolin 2g IV daily + Probenecid 1g oral daily over  
3 days administered simultaneously.

If probenecid contraindicated use cefazolin 2g IV bd.  
Patient should wait on the premises for 20 mins after  
administration

Advise patient of treatment options

## Exclusion Criteria

- < 15 years
- Systemic toxicity
- Co-morbid conditions (note 1)
- Allergy to cephalosporin or anaphylaxis to penicillin (note 1)
- Collection requiring drainage in hospital
- Unsuitable social circumstances
- ? Mastitis
- Periorbital cellulitis
- Septic arthritis
- Foreign body
- Underlying fracture
- MRSA carrier
- Prosthesis
- Pregnancy

## 2nd and 3rd doses to be given by district nurse

- Complete community cellulitis medication authority form
- Fax on day 1 to 0800 867 333
- Supply patient with cellulitis pack
- Supply patient with Rx for flucloxacillin 500mg qds po 7 days to commence on day 4
- Provide patient information sheet
- Complete and fax re-order form

## 2nd and 3rd doses to be given in general practice

- Arrange subsequent daily visits
- Arrange for supply of required medication/cellulitis packs
- Supply patient with Rx for flucloxacillin 500mg qds po 7 days to commence on day 4
- Provide patient information sheet
- Complete and fax re-order form