 **Cellulitis Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Cellulitis (for Adults) |
| **Rationale** | To treat cellulitis with appropriate antibiotics. |
| **Scope (condition and patient group)** | Adult patients presenting with cellulitis who do not require admission to hospital or intravenous antibiotics |
| **Red Flags** | Admission is advised if:* Severe or rapidly deteriorating cellulitis or with any sinister features e.g., necrotising skin or soft tissue infection, severe lymphangitis, blistering, or affecting a large area.
* Severe systemic toxicity e.g., vomiting, tachycardia, confusion, hypotension.
* Elderly, frail, or those with comorbidities that may complicate or delay healing.
* Cellulitis of face, hands, or over joints, periorbital cellulitis.
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| **Assessment** | 1. Suspect cellulitis if acute and progressive onset of unilateral swollen, painful, and red area of skin. May be accompanied by fever, malaise, or nausea.2. Consider other common conditions e.g., varicose eczema, gout, dermatitis.3. Identify:* possible causes e.g., trauma, leg ulceration, toe web intertrigo, eczema.
* any risk factors e.g., venous insufficiency, obesity, leg oedema, diabetes.

4. Look for any systemic features e.g., fever, tachycardia, hypotension, nausea, vomiting.5. Investigations are not usually needed. |
| **Indication** | **To treat cellulitis**  |
| **Medicine** | **Flucloxacillin** 500mg capsules  |
| **Dosage instructions** | 1g FOUR times daily for 7 days |
| **Route of administration** | oral |
| **Quantity to be given** | 56 x 500mg capsules |
| **Contraindications** | Allergy to penicillin’s |
| **Precautions** | Seek advice on lower doses, which may be required if elderly with low body weight |
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| **Indication** | **To treat cellulitis in patients who are allergic to penicillin** |
| **Medicine** | **Erythromycin ethylsuccinate** 400mg tablets  |
| **Dosage instructions** | 800mg TWICE daily for 7 days. |
| **Route of administration** | oral |
| **Quantity to be given** | 28 x 400mg tablets |
| **Contraindications** | Allergy to macrolidesConcomitant colchicine in patients with hepatic or renal impairment |
| **Precautions** | * Seek medical or pharmacist advice if patients are on any other medications or have a history of cardiac, renal or liver disease.
* If patient on warfarin—monitor INR 3 days after starting antibiotics
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| **Indication** | **To treat cellulitis due to an animal bite** |
| **Medicine** | Amoxicillin + clavulanate 500/125mg tablets  |
| **Dosage instructions** | ONE tablet THREE times daily for 7 days |
| **Route of administration** | oral |
| **Quantity to be given** | 21 x 500/125mg tablets  |
| **Contraindications** | Allergy to penicillin’s. If there is a penicillin allergy, discuss with a Medical or Nurse Practitioner or Infectious Disease specialist for a verbal order. |
| **Precautions** | * History of allergy
* Cholestatic jaundice which is more common in patients above the age of 65 years and in men
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| **Additional information** | Medical consultation is required if:* IV antibiotics are thought necessary
* patient has multiple co-morbidities, diabetes, or peripheral vascular disease, or
* patient is taking prednisone or immunosuppressants.
* Joint involvement, possibility of necrotising infection, facial or orbital involvement, signs of foreign body, gas producing organism, osteomyelitis, large fluctuant abscess
* Refer urgently if systemic toxicity including fever >38.5, tachycardia, hypotension, renal failure, altered mental status

Mark the extent of the erythema at presentation to help with monitoring.Consider diabetes status of patient and review creatinine.Wound care management of any broken skin.Consider tetanus prophylaxis for traumatic wounds Provide advice regarding:* Regular pain relief, good hydration, and elevation of limb.
* Warn that redness and swelling may increase for the first 48 hours of antibiotics treatment.
* Seek advice if fever > 48 hours, vomiting or intolerance to the antibiotics.

Provide education and information on prevention |
| **Follow-up** | Monitor fever. This is the most important indicator of response to antibiotics.Arrange review at two days to check infection is resolving, sooner if patient concern.* If no improvement or a deterioration, then refer to Medical or Nurse Practitioner for consideration of IV antibiotics or hospital admission
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| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Cellulitis - is an infection of the skin and soft tissues, most commonly caused by Group A Streptococci and/or Staphylococcus aureus. Erysipelas - is a form of cellulitis with rapid onset, clearly demarcated margins and is almost exclusively caused by Group A StreptococciIntertrigo- A superficial skin disorder involving any area of the body where opposing skin surfaces may touch and rub, such as the creases of the neck, the skin folds of the groin, axilla (armpit) and breasts (especially if large and pendulous) and between the toes. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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