

## KCH ED OBSERVATION UNIT: Cellulitis Clinical Guidelines

### CRITERIA:

#### Inclusion

- Soft tissue/skin infection
- Requires > 1 dose parenteral dose of antibiotic
- Drainage of abscess if present
- Failed outpatient therapy

#### Exclusion

- Unstable or significantly abnormal vital signs (hypotension)
- Suspected or confirmed severe sepsis
- Immunosuppression
- Peri-orbital or orbital cellulitis
- Suspicion for necrotizing fasciitis, fournier's gangrene or ludwig's angina
- Associated with bite/puncture wound, diabetic ulcer, face or hand (consider Ortho or Surgery admission for latter two)
- Post operative infection
- Extensive tissue damage, sloughing
- Any factor that will preclude discharge within 48hours
- Any other need for inpatient admission

### INTERVENTIONS:

- Serial exams every 4-6 hours—mark edges for reference point
- Serial vital signs every 4 hours
- Antibiotics (IV/Oral)
- Analgesics and Anti-inflammatories
- Limb elevation/immobilization
- Imaging, if indicated
- Care management if indicated
- IV Fluids as needed
- Diet

### DISPOSITION:

#### Home:

- Stable vital signs
- Improvement in clinical condition
- Tolerating oral fluids or medications
- Area of cellulitis not increasing
- Adequate follow up plan established

#### Admission:

- Unstable vital signs (hypotension,)
- Spread of infection
- Signs of systemic illness
- Inability to tolerate PO fluids or medications
- Increase in skin involvement, fluctuance
- No response to therapy or rising WBC
- Another acute process becomes apparent
- Does not meet discharge criteria after observation period

*Please note additional orders, such as patient's home medications can be ordered for standing administration.*