



Management of cellulitis

Renal impairment for information of doses in renal impairment please see

<http://intranet.rde.local/intranet/documents/340/9489/Antibiotic%20doses%20in%20RF%202013.pdf>

Clindamycin The maximum oral licensed dose of clindamycin is 450mg qds however higher doses of 600mg qds have been documented in literature^{1,2} for a variety of different indications therefore in severe infection³ higher doses can be used. Please note this is an unlicensed dose and therefore responsibility lies with the prescriber.

Antibiotic Treatment	Penicillin allergic patients	Oral switch	Comments
Bites			
Co amoxiclav 625mg tds po (unless severe then discuss with Consultant Microbiologist)	Doxycycline 200mg stat then 100mg od po and metronidazole 400mg tds po		For 7 days
Typical e.g. lower limb cellulitis			
Class I mild: patients have no signs of toxicity, no uncontrolled co morbidities			
Flucloxacillin 500mg-1g qds po	Clarithromycin 500mg bd po		Treat for 7 days then review the need for further antibiotics. Manage as an outpatient/home
Class II moderate: systemically well or mild systemic upset and co-morbidity e.g. peripheral vascular disease, chronic venous insufficiency, obesity			
Flucloxacillin 500mg-1g qds po	1) Clarithromycin 500mg bd po 2) Clindamycin 300-450mg qds po		Treat for 7-10 days manage as an outpatient/home
Class III severe: significant systemic upset; acute confusion, tachycardia, tachypnoea, hypotension +/- unstable co-morbidity +/- limb threatening infection due to vascular compromise			
Flucloxacillin 2g qds iv	Teicoplanin 400mg bd for 3 doses then od iv		Must be managed in hospital
Class IV sepsis syndrome: severe possibly life threatening infection e.g. necrotising fasciitis			
Meropenem 2g tds iv and clindamycin 600mg-	clindamycin 600mg-1.2g qds iv and ciprofloxacin		Consider admission to critical care unit

1.2g qds iv	400mg bd iv		
Type	Antibiotic treatment	Penicillin allergic patients	comments
Other			
Peri-orbital	IV ceftriaxone -2-4g OD and IV metronidazole 500mg TDS and Otrivine nasal drops 1 drop TDS to each nostril If the cellulitis is mild: PO Co-amoxiclav 625mg and Otrivine nasal drops 1 drop TDS to each nostril	IV ceftriaxone 2-4g OD and IV Metronidazole 500mgTDS and Otrivine nasal drops 1 drop TDS to each nostril If the cellulitis is mild: PO Clarithromycin 500mg BD and PO Metronidazole 400mg TDS	Duration of treatment 7-10 days Includes: <ul style="list-style-type: none"> • Preseptal cellulitis • Periorbital cellulitis • Orbital cellulitis • Periorbital abscess Seek urgent ENT and ophthalmology opinion
Erysipelas	For erysipelas follow cellulitis guidelines		
Associated with water (non chlorinated)	PO ciprofloxacin 750mg BD and PO flucloxacillin 500mg QDS	PO ciprofloxacin 750mg BD and PO clarithromycin 500mg BD	

References

- 1) <http://www.nuh.nhs.uk/nch/antibiotics/>
- 2) [http://www.bathgped.co.uk/presentations/Lymphoedema%20Related%20Cellulitis%20Guidelines%20May08%20\(2\).doc](http://www.bathgped.co.uk/presentations/Lymphoedema%20Related%20Cellulitis%20Guidelines%20May08%20(2).doc)
- 3) <http://thebonesurgeon.com/Documents/Antibiotics%202008.pdf>

4) <http://www.acutemed.co.uk/docs/Cellulitis%20guidelines,%20CREST,%202005.pdf>

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