

ACUTE CELLULITIS MANAGEMENT GUIDANCE

Typical features of cellulitis include:

- An acute onset of red, painful, hot, swollen, and tender skin, that spreads rapidly.
- Fever, malaise, nausea, shivering, and rigors. These may accompany or precede the skin changes.
- Unilateral presentation. The leg is the most commonly affected site, and bilateral leg cellulitis is very rare.

Severity of cellulitis should be categorised to help guide admission and treatment decisions.

Eron classification system (Eron, 2000)

Class I

No signs of systemic toxicity and the person has no uncontrolled co-morbidities

Class II

The person is either systemically unwell or systemically well but with a co-morbidity (for example peripheral arterial disease, chronic venous insufficiency, or morbid obesity) which may complicate or delay resolution of infection.

Class III

The person has significant systemic upset such as acute confusion, tachycardia, tachypnoea, hypotension, or unstable co-morbidities that may interfere with a response to treatment, or a limb-threatening infection due to vascular compromise.

Class IV

The person has sepsis syndrome or a severe life-threatening infection such as necrotizing fasciitis.

***Urgent referral to plastics and Micro biology needed.**

Management advice

OUH Antimicrobial policy should be reviewed for antimicrobial guidance or through discussion with Microbiology team. Cellulitis to lower limb – Skin care should involve washing the limb, application of emollient therapy and if blistering or wound present please follow lower limb guidance.

References:

- Eron, L. J. 2000. Infections of skin and soft tissues: outcome of a classification scheme. Clinical Infectious Diseases, 31, 287.
- NICE CKS (2016) Cellulitis – Acute. Available at: <https://cks.nice.org.uk/cellulitis-acute#!topicSummary>