

Cellulitis Management for a Lymphoedema Patient

Patient attends Lymphoedema Service diagnosed with Cellulitis - complete Cellulitis Assessment Form

Contact GP for Antibiotics – with supporting recommendation letter

Non-Medical Prescriber within Lymphoedema service

Based on Cellulitis Assessment form refer direct to Emergency Department

Prescribe Flucloxacillin 500mg 6 hourly for 14 days
If allergic to Penicillin then **Clarithromycin 500mg 12 hourly for 14 days**

Cellulitis resolving

Continue on antibiotics until all signs of acute inflammation have resolved.

No improvement to Cellulitis or development of systemic symptoms after 48 hours of antibiotics. Consider second line Prescribe **Clindamycin 300mg 6 hourly for 14 days**. If allergic to Clindamycin or no improvement– discuss with microbiologist. Consider admission to hospital at any point in the pathway if signs of septicaemia (hypotension, tachycardia, severe pyrexia, confusion, tachypnoea or vomiting).

Patient to continue with daily skin care and weight management.
If the cellulitis causes pain avoid compression garments until 48 hours of antibiotics. If there is a wound or leaking then use reduced compression.
Exercise can be recommenced when pain allows.
Use appropriate analgesia avoid NSAIDS.
Discuss with Lymphoedema Network Wales (LNW).

If second episode of cellulitis within the last twelve months follow the Cellulitis Prophylactic Antibiotic Pathway for Lymphoedema Patients

References

British Lymphology Society
NICE Guidance
All Wales Primary Care Antimicrobial Guidance