

# Auckland Region Adult Cellulitis Pathway

December 2014

The Auckland Regional Clinical Pathways group has revised the Adult Cellulitis Pathway. The overall aim of the pathway revision is to ensure best practice is undertaken without curtailing clinical judgment.

Some key points are detailed below for reference and the full pathway can be viewed online [www.poac.co.nz](http://www.poac.co.nz) or [www.healthpointpathways.co.nz](http://www.healthpointpathways.co.nz)

## Initial Oral Antibiotic

For patients without significant co-morbidities, an initial trial of oral therapy is recommended (oral flucloxacillin 500mg QID 7 days).

## Intravenous Therapy

Failure to respond to oral therapy or the presence of significant co-morbidities may require IV therapy

- 2-3 days of IV Cephazolin with oral Probenecid 500mg
- If patient slow to respond contact on-call infectious disease consultant for advice.
- Greater than 3 doses of IV Cephazolin will be funded only where endorsed by ID consultant

## Management of abscess

The vast majority of simple abscess do NOT require antibiotics and recommended management would be to incise and drain the pus. Antibiotics will not cure a simple abscess. Following drainage, only those with **significant** residual cellulitis require antibiotics which generally can be oral. The surrounding zone of redness usually settles rapidly (24-48 hours) with simple drainage alone. IV antibiotics should be reserved for those patients with systemic evidence of on-going infection. If the practitioner believes the patient requires IV therapy post drainage it is wise to consider a surgical review "query undrained sepsis"

## Patient Education

A comprehensive patient information brochure is available online ([www.healthpointpathways.co.nz](http://www.healthpointpathways.co.nz)) to download as a hand out for patients and covers advice for managing the condition, treatment plan and prevention.