

## POAC Clinical Eligibility Policy for Management of Cellulitis

PLEASE NOTE: This is NOT intended as a Clinical Guideline for management of cellulitis in Primary Care. See Auckland Regional HealthPathways for management guidelines for Cellulitis in Adults (age  $\geq 15$  years) [here](#) Cellulitis in Children (<15 years) [here](#)

### RATIONALE

POAC aligns its funding with the best practice recommendations contained within the Auckland Regional HealthPathways. These recommendations have been agreed by primary care clinicians and hospital specialists across the metro Auckland region. This includes Infectious Diseases, Medical and Surgical Specialists, and the regional Antimicrobial Stewardship Group.

### POAC POLICY

#### ADULTS

**POAC funds IV Cephazolin for adults with cellulitis ( $\geq 15$  years) in the following circumstances:**

- **Failed trial of oral antibiotics after 48 hours** –please note the initial redness can increase within the first 24 hours and is not necessarily a sign that oral antibiotics are failing. Patients should be given the patient information sheet on cellulitis management and asked to return in 48 hours if the redness is not settling, or at any time if they feel they are getting worse. Review of patients whose condition is not settling or who are worse is funded in line with the HealthPathway. Routine review is not funded.
- **Limb cellulitis without significant systemic response or comorbidities but not suitable for oral antibiotics** (refer to HealthPathway for list of presentations not suitable for oral treatment).
- **When recommended by a specialist.** Named specialist is required in the POAC referral notes
- See also IV Cephazolin policy <https://www.poac.co.nz/clinical/>

#### CHILDREN

**POAC funds IV Ceftriaxone for paediatric cellulitis (> 10 years and < 15 years) in the following circumstance:**

- **Failed trial of oral antibiotics after 48 hours** –please note the initial redness can increase within the first 24 hours and is not necessarily a sign that oral antibiotics are failing. The parents should be given the patient information sheet on cellulitis management and be asked to return with the child in 48 hours if the redness is not settling, or at any time if they feel their child is getting worse.
  - Patient must be stable but not responding to oral treatment at 48 hours to be eligible for IV therapy in the community

#### GENERAL NOTES (adults and children)

- If the patient is suitable for IV therapy in the community but your clinic cannot provide the service, refer to an Urgent Care clinic, or to POAC if home based IV antibiotics are required –see [here](#)
- In adults, assess renal function to determine dose of cephazolin and the necessity for concurrent probenecid administration. POAC requires this step for funding to apply.
- Assess the patient daily to determine if continued IV treatment is appropriate. **Not all cases require 3 IV doses.**
- If there is insufficient improvement after 3 IV antibiotic doses, seek [infectious diseases advice](#). POAC does not fund fourth or subsequent doses unless approved by an infectious diseases specialist before administration.
- Antibiotics are not generally required for management of abscesses and boils. Incision and drainage is the appropriate treatment. The surrounding zone of redness usually settles in 24 to 48 hours with simple drainage alone. If the redness does not settle, a trial of [oral antibiotics](#) for 4 to 5 days may be appropriate. Request general surgery advice if a patient appears to need IV antibiotic therapy post-drainage.
- Recurrent cellulitis cases (>2 episodes within 3 months) should be discussed with an Infectious Diseases consultant prior to instigating IV treatment [link to ID Advice pathway]. They are available 24 hours a day, 7 days a week. Repeated courses of IV cephazolin may not be effective in this patient group.