



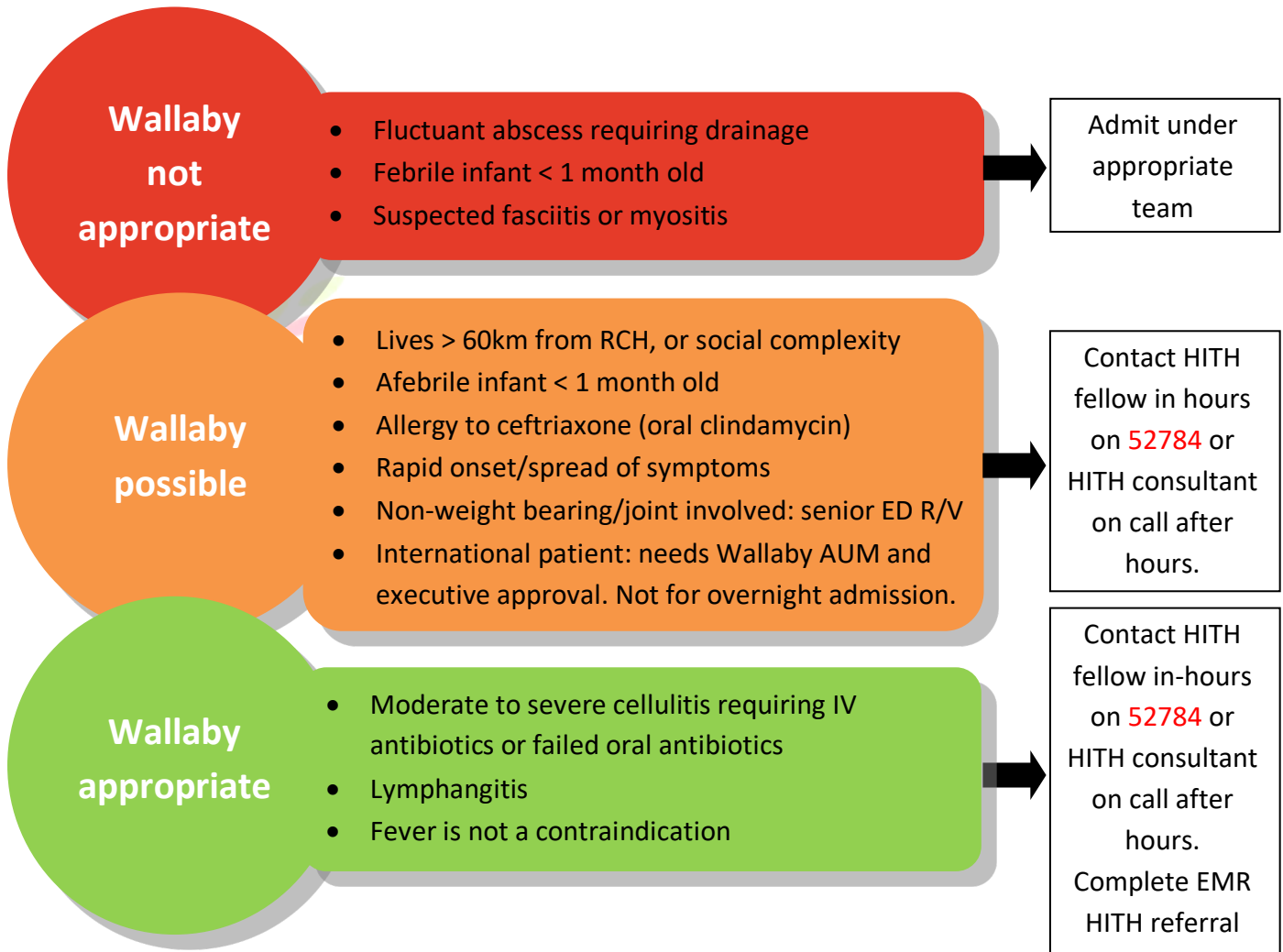
Cellulitis



Clinically stable patients with cellulitis requiring IV antibiotics can be managed through HITH with daily IV ceftriaxone. As with all HITH admissions, this requires a safe home environment and consent from caregivers. See Cellulitis CPG for determining need for IV versus oral.

Children can go straight from ED to HITH.

HITH (Wallaby) admission criteria and protocol



Prior to family leaving hospital:

- IV cannula appropriately secured and patent
- First dose of ceftriaxone 50mg/kg given
- Clinical photo saved to chart +/- area of erythema marked
- Admission accepted by HITH Fellow/Consultant (in person 9-5pm, phone consult after hours)
- HITH order set on EMR completed:
 - Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN
Sodium chloride flush 0.5-2ml IV PRN
 - Ceftriaxone 50mg/kg (max 2g) IV OD
 - EMR HITH Referral & 'Transfer order reconciliation' completed
 - HITH bed request



HITH protocol – nursing and medical

Daily care requirements

IV ceftriaxone 50mg/kg (max 2g) OD as per Paediatric Injectable Guideline

Daily review & photo documentation into EMR

Phone support available 24/7 for family to escalate their concerns – phone calls to come to HITH AUM in hours, ED AUM after hours and escalate to HITH consultant on call as required

Medical team responsibilities

Daily review (phone/telehealth/home visit)

Script for oral cephalexin (25mg/kg TDS for 5 days) to be taken to first patient visit

Potential issues

IV failure – medical team to review to determine if further parenteral therapy required. If so, consider IM ceftriaxone or arrange IV re-site

Nausea and pallor with 5 min push – slow administration to 20 mins (do not label with drug allergy)

Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)

Readmission

Increasing erythema or tenderness beyond 48 hours (may worsen in first 48 hours)

 Development of new systemic symptoms other than mild fever

If child requires transfer back to hospital, the HITH team will refer care to the appropriate medical team and inform the bed manager

If urgent review required, HITH will discharge and send patient to ED and inform ED

Discharge plan

Discharge when afebrile & cellulitis improving (generally after 24-48 hours of parenteral therapy)

Switch to oral cephalexin 25mg/kg TDS to complete 7 days total treatment

Outpatient follow-up usually not required – provide advice when to seek further review

Special considerations

Not weight-bearing, or cellulitis over a joint: at risk of missing osteomyelitis or septic arthritis

Prior to admission: must have senior ED review

Whilst under HITH: If worsening range of movement, unable to weight-bear, increasing swelling or failure to improve within 48 hours, transfer back to hospital for appropriate investigation and management

Eye involvement

Please see separate guideline: Periorbital cellulitis