Periorbital cellulitis

Clinically stable patients with periorbital (preseptal) 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. See Cellulitis CPG for deciding need for IV versus oral. **Children can go straight from ED to HITH**.

HITH (Wallaby) admission criteria and protocol

Wallaby not appropriate

- Confirmed or suspected orbital cellulitis (can come from ward but not direct from ED)
- Eye unexaminable
- Infant < 3 months old

→ Admit under appropriate team

Wallaby possible

- Difficult to examine but appropriate for following day ophthalmology review
- Lives > 60km from RCH, or social complexity
- International patient – needs Wallaby AUM and executive approval. Not for overnight admission

Wallaby appropriate

- Moderate to severe periorbital cellulitis requiring IV antibiotics
- Normal eye examination
- Incomplete immunisation status and fever are not contraindications

→ Contact HITH fellow in-hours on 52784 or HITH consultant on call after hours. Complete EMR HITH referral

Prior to family leaving hospital:

- IV cannula appropriately secured and patent
- First dose of ceftriaxone 50mg/kg (max 2g) given
- Examined by senior staff (ED Consultant/Fellow, or an ophthalmology consult)
- Clinical photo saved to patient EMR
- 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 protocol – nursing and medical

Daily care requirements

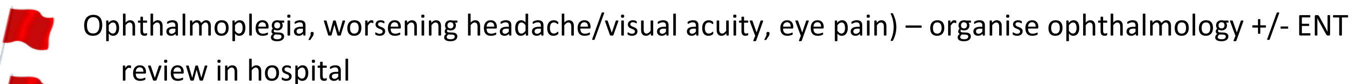
Daily documentation of eye movements, proptosis, visual acuity, headache, eye pain
Daily photo documentation
IV ceftriaxone 50mg/kg (max 2g) OD as per Paediatric Injectable Guideline

Can return for ophthalmology review in clinic if concerns on admission or review
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), or if severe amoxicillin/clavulanic acid to be taken to first patient visit

Red flags for escalation



Ophthalmoplegia, worsening headache/visual acuity, eye pain) – organise ophthalmology +/- ENT review in hospital

Increasing erythema/swelling beyond first 24 hours (often worsens in first 24 hours)

Other 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

If child requires transfer back to hospital, the HITH team will handover 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 on oral antibiotics once clinical condition improving
GP follow up upon completion of antibiotics