

Adfinitas Health Rehabilitative Services Clinical Guidelines

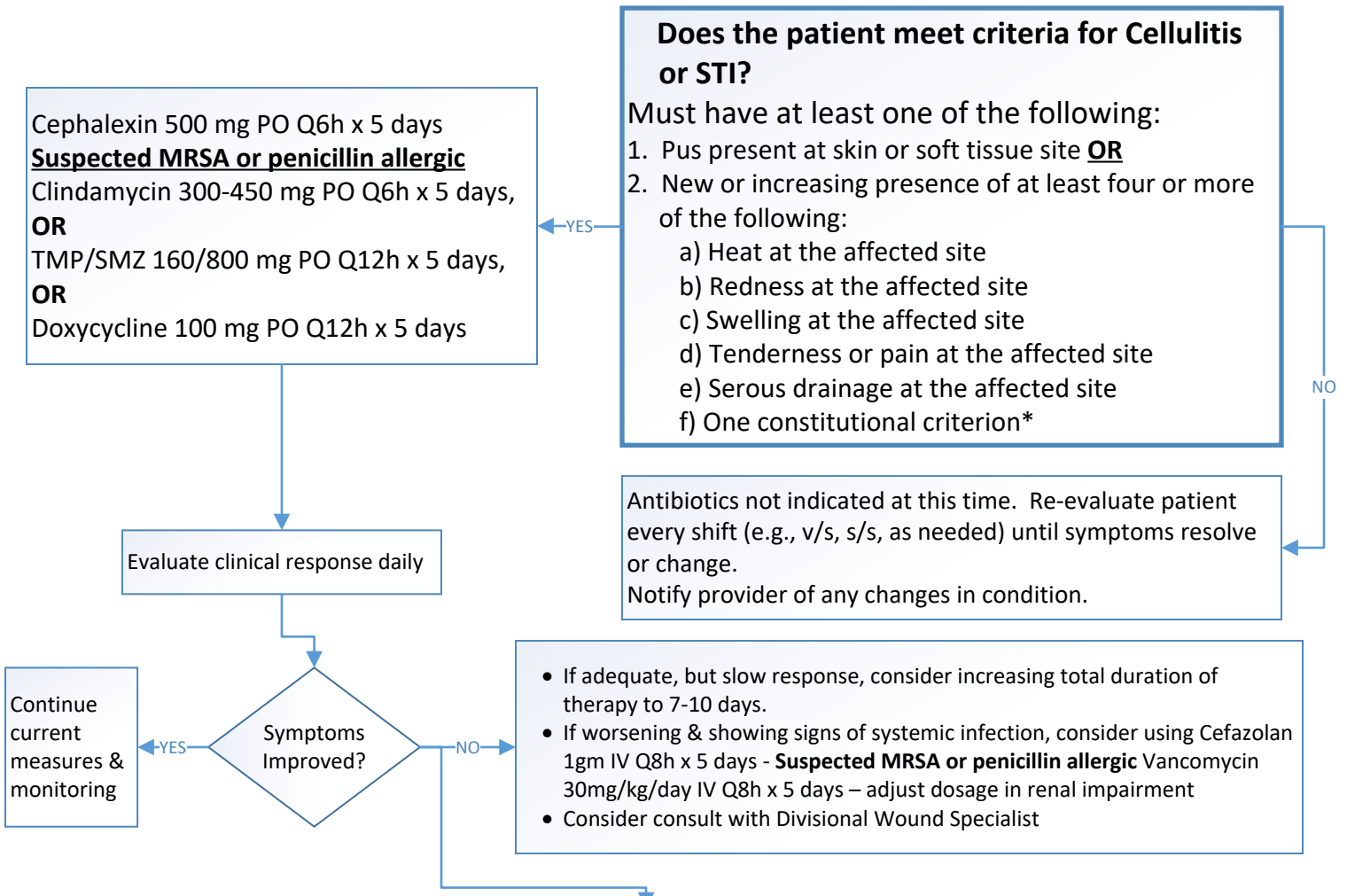
Guideline Title: Management of Cellulitis

Purpose: To assist with management of cellulitis.

Guideline is intended to help inform clinical practice and is not intended nor should it be utilized to establish a standard of care. In addition, it is understood that every patient and every clinical circumstance is unique and individualized. Therefore, the provider should apply their own clinical judgment to the specific factors presented in determining the most appropriate care to be delivered to any particular patient.

Scope: Post-Acute Clinicians

Algorithm for the Management of Cellulitis and Soft Tissue Infections (STI)



- Perform ongoing monitoring of signs/symptoms and response to therapy (including vancomycin trough).
- Adjust antibiotic choice, dosing, and duration based on: renal function, non-response, rate of cure, indicators of sepsis, and/or emergence of adverse drug effects.
- Agents with a narrower spectrum antimicrobial spectrum are preferred and should be used for the shortest duration feasible.
- Follow up by clinical exam after completion of antibiotics to ensure cure.

*Constitutional Criteria:	
Fever: Single temperature 100°F, or 99°F on repeated occasions, or an increase of >2°F over baseline Leukocytosis: >14,000 cells/mm or Left shift >6% or 1,500 bands/mm	
Acute Change in Mental Status from Baseline (<i>all criteria must be present</i>)	1. Acute onset, 2. Fluctuation course, 3. Inattention, AND 4. Either disorganized thinking or altered level of consciousness.
Acute Functional Decline	1. A new three-point increase in total activities of daily living (ADL) score (range 0-28) from baseline based on the following seven ADL items, each scored from 0 (independent) to 4 (total dependence) Bed mobility, transfer, locomotion within LTCF, dressing, toilet use, personal hygiene, eating

Adapted from JAMDA Algorithms Promoting Antibiotic Stewardship in LTC. B.J. Zarowitz et al./JAMDA 17 (2516) 173-178