Cellulitis

1) Fully expose the area (enabling examination of the whole limb / affected body part) and apply a wrist band.

2) Record vital signs: BP, HR, RR, SpO₂, Temp, GCS, BM
   Commence Obs Chart and perform Early Warning Score - follow ED Escalation Plan

3) Perform pain score and give analgesia as needed

4) If patient is a pyrexial and healthy other than the cellulitis, NO investigations are required - the patient is likely to be discharged on oral antibiotics

   For all other patients, including those already on antibiotics with no improvement and those with any of the following:
   - Pyrexia
   - Hypotension / tachycardia
   - Confusion
   - Malaise
   - Nausea/vomiting
   - Tracking

   Cannulate & take bloods: FBC, UE, LFT, CRP. Complete VIPS.
   If any red flag features as above will also require Blood cultures.

5) If the cellulitis is associated with a wound, take a wound swab

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS

If any of the RED FLAG presentations:
- Signs of sepsis (see severe sepsis IAT)
- Signs of necrotising fasciitis:
  - Unwell (hypotensive, tachycardic, signs of sepsis)
  - Pain out of proportion to the degree of cellulitis
  - Crepitus (gas) in soft tissues (not always present)

Alert senior doctor/nurse practitioner
This is a limb threatening condition