

# Assessment and Management of Cellulitis in Adults presenting to the Emergency Department

## Incorporating CREST (2005) Guidance

First Name .....	Last Name .....	M/F (Circle)
Address .....		
Hospital Number: RXR.....	NHS Number: .....	Assessed by .....
GP.....	Religion.....	Date: 00/00/0000 Time 00:00

**EXCLUSIONS: Orbital and Peri-Orbital Cellulitis > refer to Ophthalmology**

CREST	ACTION	DONE	COMMENTS	TIME
<b>All Classes</b>	Triage, Observations/ EWS SEVERE SEPSIS > Go to Class IV		EWS:	
	Assess pain and provide appropriate analgesia		Pain Score: /10	
	Reassess pain after analgesia		Pain Score: /10	
	Mark borders of erythema with skin marker			
	Swab for C&S any skin break/ ulceration / blister fluid			
<b>Class I</b>	PO Antibiotics*			
	Ensure safe to be managed at home			
	Provide Patient Information Leaflet and Safety-Netting			
<b>Class II</b>	IV Access and IV Care Plan			
	Bloods for FBC, U&E, CRP			
	Ensure safe to be managed at home			
	Administer 1 <sup>st</sup> Dose IV Abx as per OPAT for Cellulitis Guidelines			
	ED to transfer to Ambulatory Care for OPAT Referral <input type="checkbox"/> MAU if out of hours <input type="checkbox"/>			
<b>Class III</b>	IV Access and IV Care Plan			
	Bloods for FBC, U&E, CRP and Blood Cultures			
	IV Antibiotics*			
	Consider IV Crystalloid Infusion			
	Admit**			
<b>Class IV</b>	IMPLEMENT SEVERE SEPSIS BUNDLE with IV Antibiotics* AND (if required) URGENT SURGICAL REFERRAL			
	IV Access and IV Care Plan			
	Complete 'ED Sepsis' Blood Sciences as on ICE			
	Admit**			

\*PO/IV Antibiotics according to ELHT Antimicrobial Formulary

\*\*Cases involving necrotising fasciitis or underlying abscess should be admitted under surgeons

OPAT: Outpatient Parenteral Antibiotic Therapy

	Class I	Class II	Class III	Class IV
<b>CREST Classification</b>	No signs of systemic toxicity AND No uncontrolled co-morbidities AND Can be managed with oral antibiotics as an outpatient.	Systemically ill OR Systemically well but with a co-morbidity such as peripheral vascular disease, chronic venous insufficiency or morbid obesity which may complicate or delay resolution of infection AND safe to be managed as an outpatient.	Significant systemic upset such as acute confusion, tachycardia, tachypnoea, or hypotension but NOT SEVERE SEPSIS, OR UNSTABLE co-morbidities that may interfere with response to therapy, OR Limb-threatening infection due to vascular compromise.	SEVERE SEPSIS, OR Life-threatening infection such as necrotising fasciitis; indicated by oedema beyond border of erythema, extreme tenderness & crepitus.