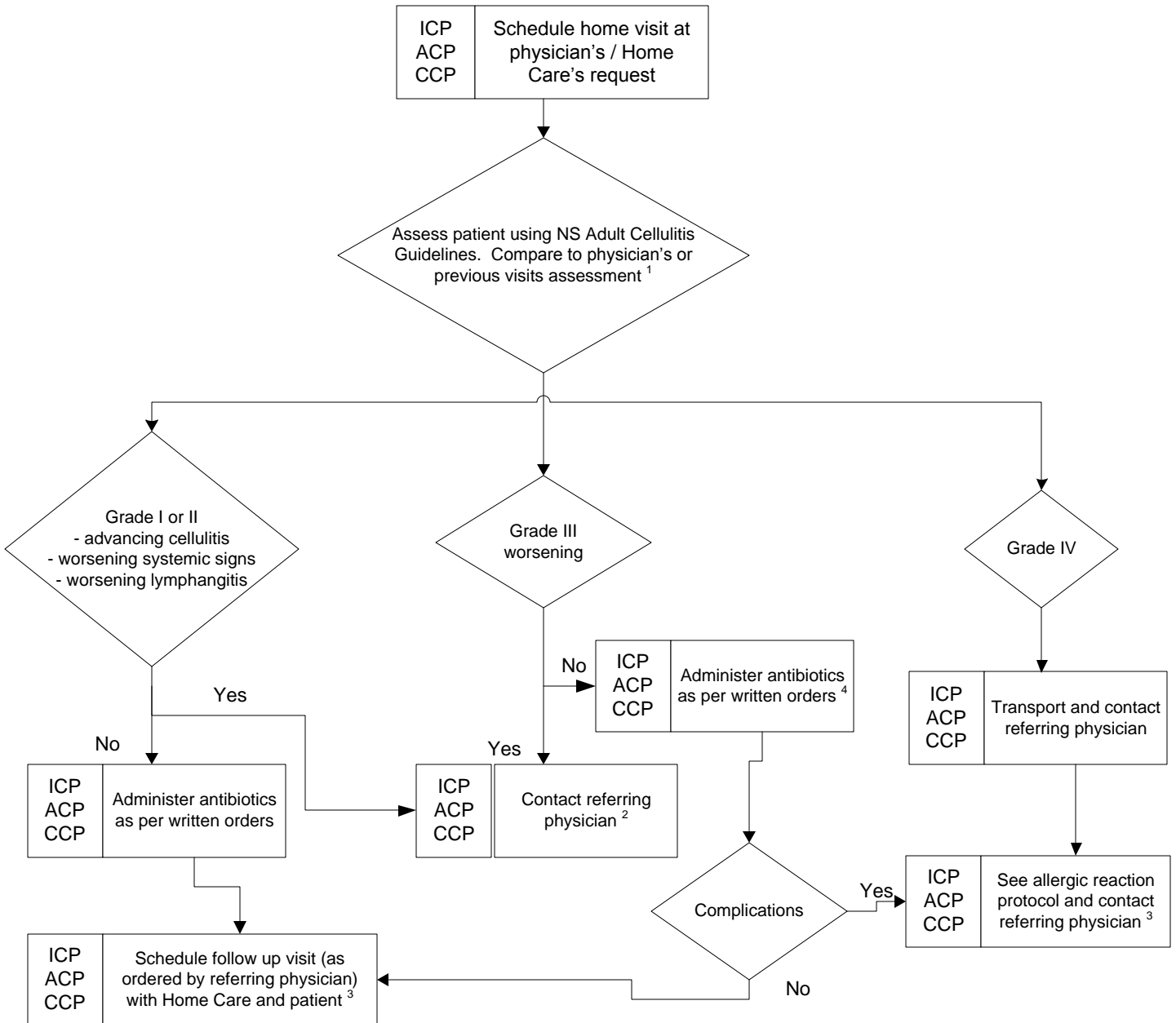


Protocol: IV Antibiotics	PDN: 6503.01	Effective Date: July 20, 2001	Subject: Acute, Scheduled Care	Page 1 of 2
---------------------------------	---------------------	--------------------------------------	---------------------------------------	-------------

- There must be a written order as to name, dose, time and duration of administration of the antibiotic from a physician
- The first dose of the antibiotic must have been given in a hospital or at home by a physician



1 For follow up assessments, delineate with pen the area of infection with pen.
 2 In unable to contact referring physician, call On Line Physician or transport to hospital.
 3 If subsequent IV treatments will be required at less than eight (8) hour intervals, place saline lock.
 4 If unable to start an IV, check with referring physician or On Line Physician about IM injection.

NB. See Appendix A for NS Adult Cellulitis Guidelines for Grading Scale.

Protocol: IV Antibiotics	PDN: 6503.01 Appendix A	Effective Date: July 20, 2001	Subject: Nova Scotia Cellulitis Guidelines	Page 2 of 2
---------------------------------	--------------------------------	--------------------------------------	---	-------------

Nova Scotia Adult Cellulitis Guidelines ¹

Definition: Acute spreading inflammation involving the soft tissue, excluding muscle, characterized by recent onset soft-tissue erythema, warmth, swelling and tenderness, considered to be of infective origin.

Grading Scale:

- Grade I** - Symptoms / signs restricted to superficial swelling, erythema, warmth, mild lymphadenopathy, and mild pain; absence of systemic symptoms.
- Grade II** - dominant systemic signs – fever, chills, lymphangitis and/or rapidly advancing edge.
- mild cellulitis (as defined in Grade I) in high risk patients² without frank immunocompromise³.
- Grade III** - Failure to respond to > 48 hours of adequate oral Rx, severe facial involvement or extensive skin involvement (i.e. if any dimension of the area of skin involved is greater than the distance between the patient's median wrist crease and the point of the elbow).
- a history of episodes of cellulitis requiring prolonged intravenous therapy.
- co-morbid conditions necessitating inpatient therapy.
- Grade IV** - orbital, joint, or deep hand involvement.
- cellulitis in immunocompromised patients³.
- suspicion of necrotizing, deep-seated infection or severe sepsis⁴.

¹ Age >= 16 years.

² For 'high risk patients', see under 'predisposing factors'.

³ Frank immunocompromise = neutropenia, asplenia, active cancer and/or chemotherapy, SLE, transplant, prosthetic joint or valve, recent mastectomy, HIV with CD4 count < 400.

⁴ Severe sepsis = Systemic signs/symptoms with evidence of end organ dysfunction or hypoperfusion (an alteration in mental function is the most consistent feature).

Predisposing Factors

Always evaluate the patient for underlying predisposition to cellulitis (or recurrence) that may need to be investigated / treated.

- > Chronic venous insufficiency
- > Removal of a saphenous vein for CABG
- > Post mastectomy, axillary node dissection, or radical pelvic surgery
- > Lymphatic anomalies
- > Immune suppression (corticosteroids, Ca Rx, transplant drugs, HIV, etc.)
- > Diabetes Mellitus
- > Peripheral Vascular Disease
- > Ingrown nails
- > Psoriasis
- > Tinea infections
- > Intravenous Drug User – consider Subacute Bacterial Endocarditis
- > Advanced Age
- > Filariasis / Chronic Edema