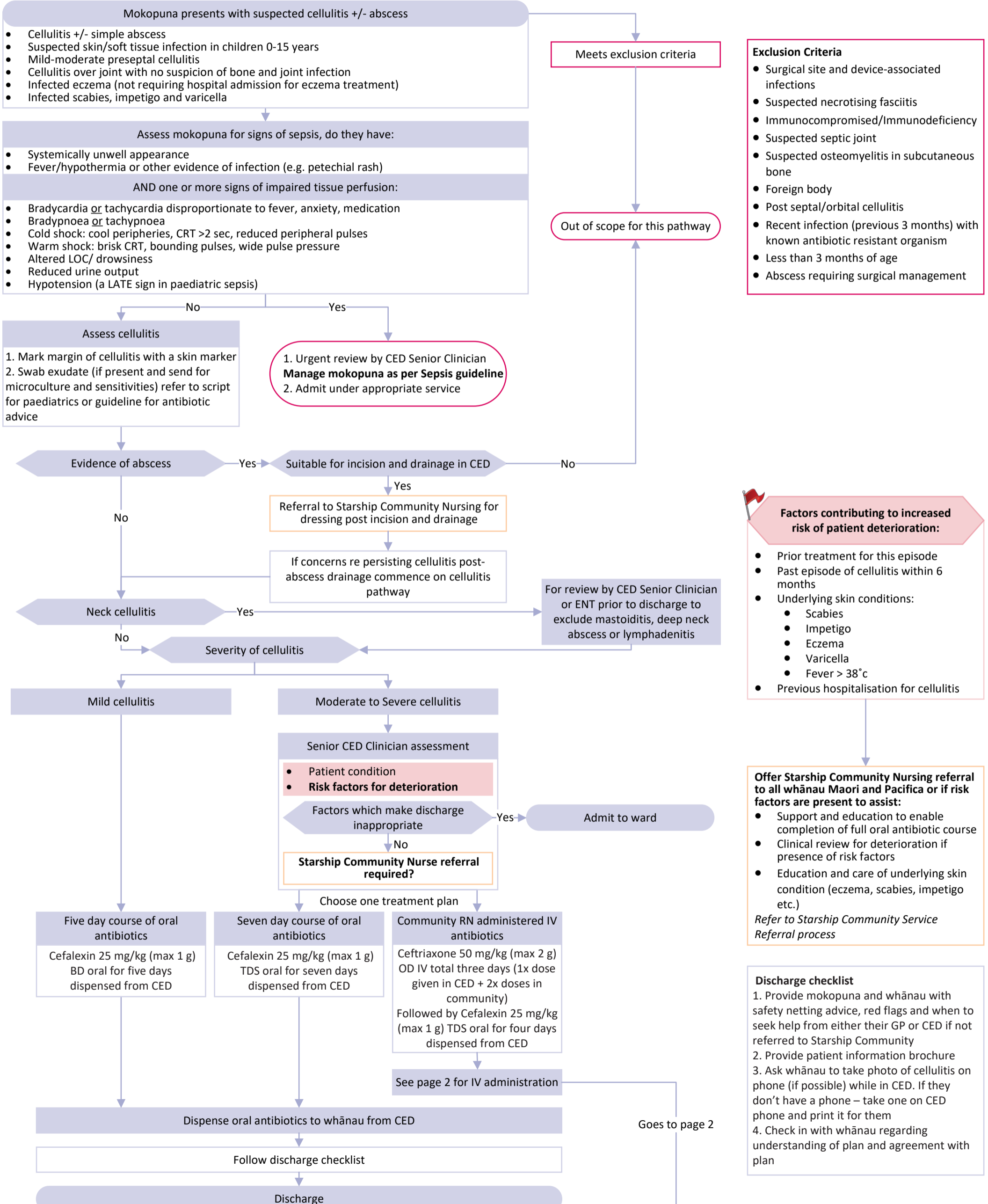


Acute Cellulitis Pathway

Pathway Goals:

- Standardise cellulitis treatment including early transition to oral antibiotics
- Reduce admissions and enhance community care of cellulitis
- Ensure co-ordinated mokopuna centric, whānau focused, whānau led multi disciplinary care across the journey of care to enable resolution of disease , prevention of complex cellulitis and restoration of hauora

1. Children's Emergency Department (CED) Cellulitis Pathway



Exclusion Criteria

- Surgical site and device-associated infections
- Suspected necrotising fasciitis
- Immunocompromised/Immunodeficiency
- Suspected septic joint
- Suspected osteomyelitis in subcutaneous bone
- Foreign body
- Post septal/orbital cellulitis
- Recent infection (previous 3 months) with known antibiotic resistant organism
- Less than 3 months of age
- Abscess requiring surgical management

Factors contributing to increased risk of patient deterioration:

- Prior treatment for this episode
- Past episode of cellulitis within 6 months
- Underlying skin conditions:
 - Scabies
 - Impetigo
 - Eczema
 - Varicella
 - Fever > 38°C
- Previous hospitalisation for cellulitis

Offer Starship Community Nursing referral to all whānau Maori and Pacifica or if risk factors are present to assist:

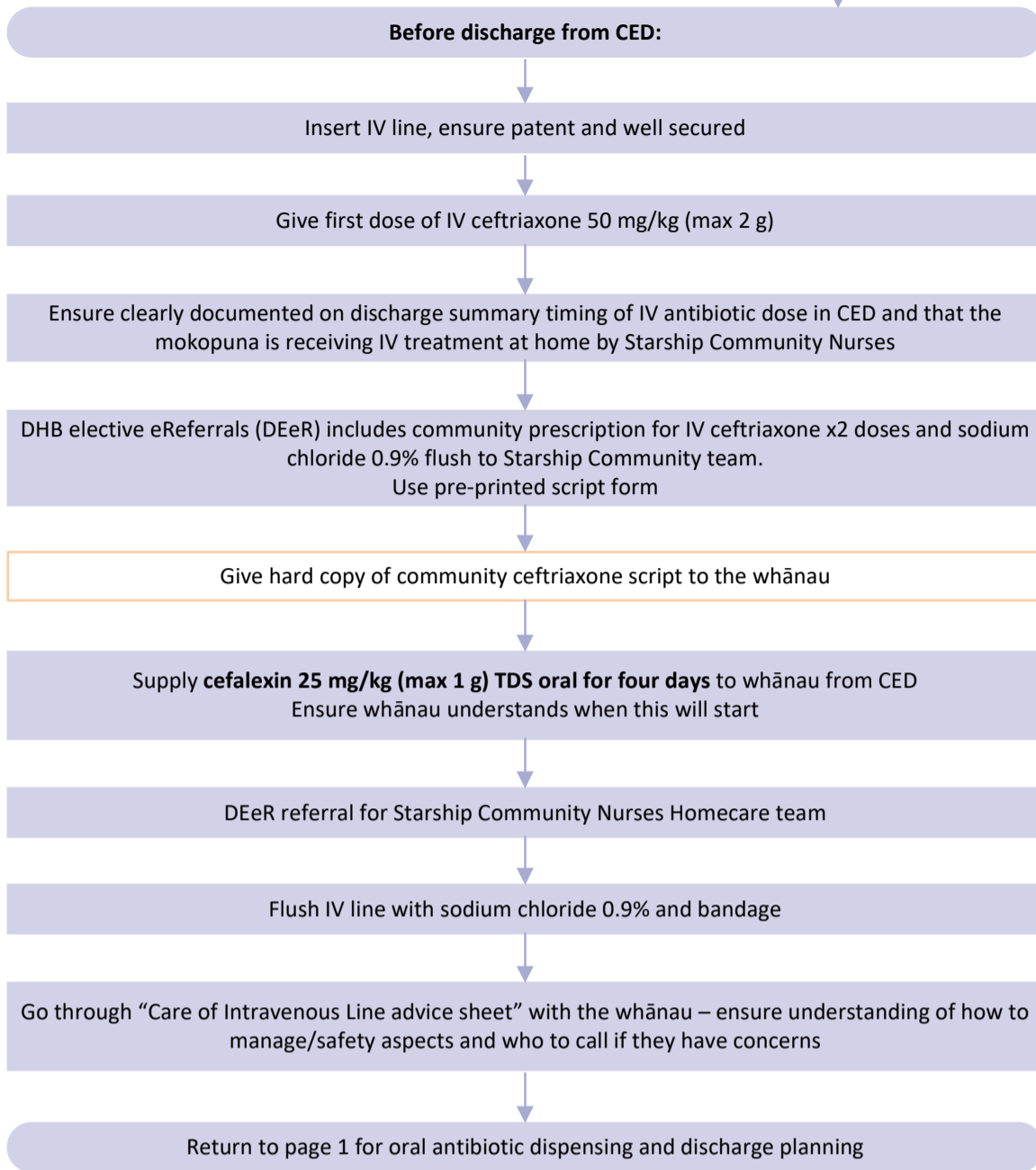
- Support and education to enable completion of full oral antibiotic course
- Clinical review for deterioration if presence of risk factors
- Education and care of underlying skin condition (eczema, scabies, impetigo etc.)

Refer to Starship Community Service Referral process

Discharge checklist

1. Provide mokopuna and whānau with safety netting advice, red flags and when to seek help from either their GP or CED if not referred to Starship Community
2. Provide patient information brochure
3. Ask whānau to take photo of cellulitis on phone (if possible) while in CED. If they don't have a phone – take one on CED phone and print it for them
4. Check in with whānau regarding understanding of plan and agreement with plan

2. CED to Starship Community Nursing IV antibiotic pathway (<7 days)



Social and/or cultural needs identified

Refer to Social Work for:

- Complex social need e.g. financial, housing, disability, isolation, advocacy
- Parental mental health
- Current family violence or child protection concern

Refer to Community Health Worker for:

- Cultural support to support engagement
- Food insecurity

Clinical concern requires specialist review

Worsening features of primary infection

- Fever > 38°
- New pain
- Erythema

Allergy or adverse drug reaction

- Rash

Intravenous antibiotics

- IV-related problem

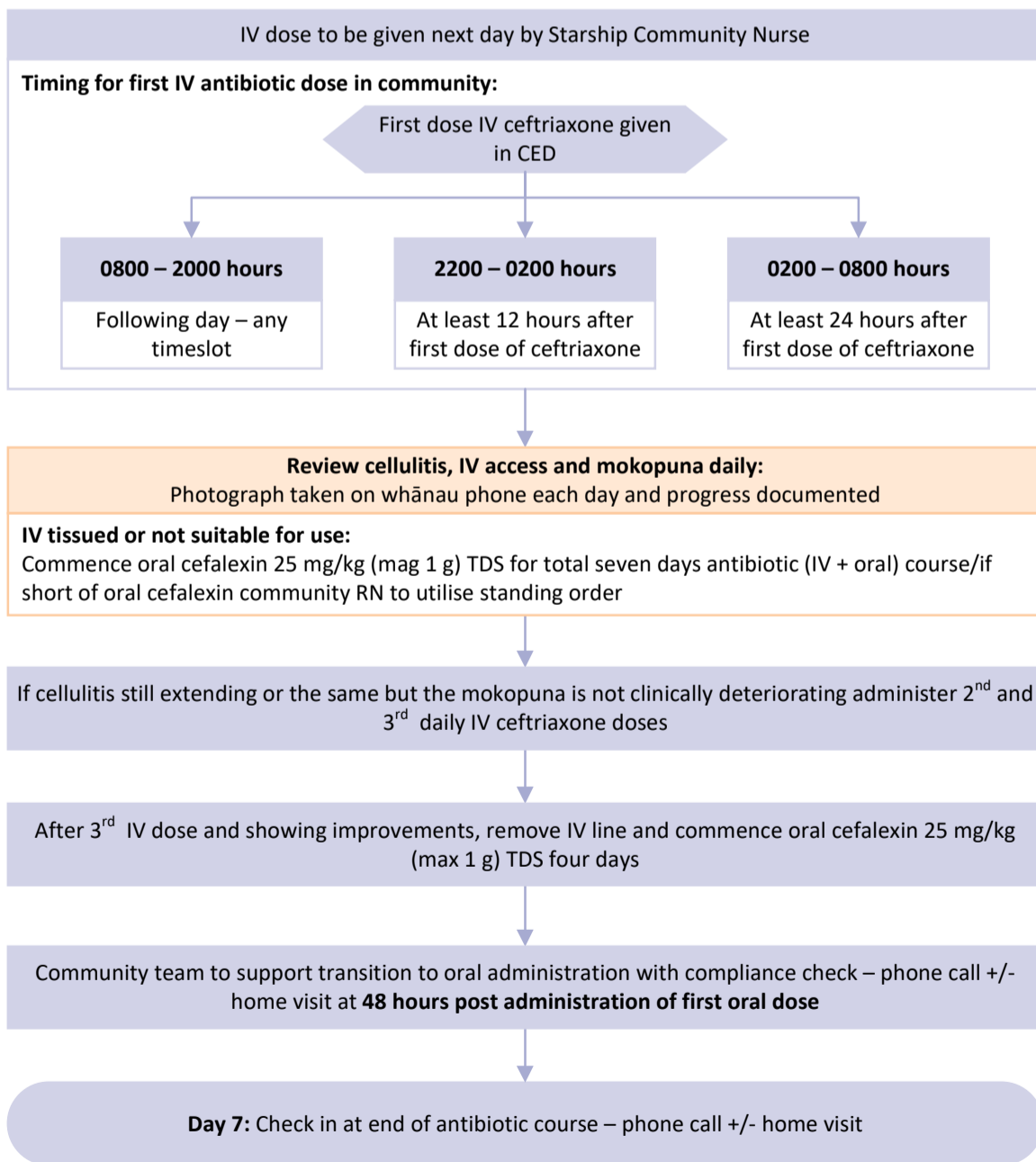
Oral antibiotic failure

- Adherence concern
- Tolerance concern
- Missed days of medication
- New/secondary infection

Any concern of the above including: clinical deterioration, suspected abscess formation, mokopuna systemically unwell or no improvement after 3+ days treatment call CED Senior Clinician

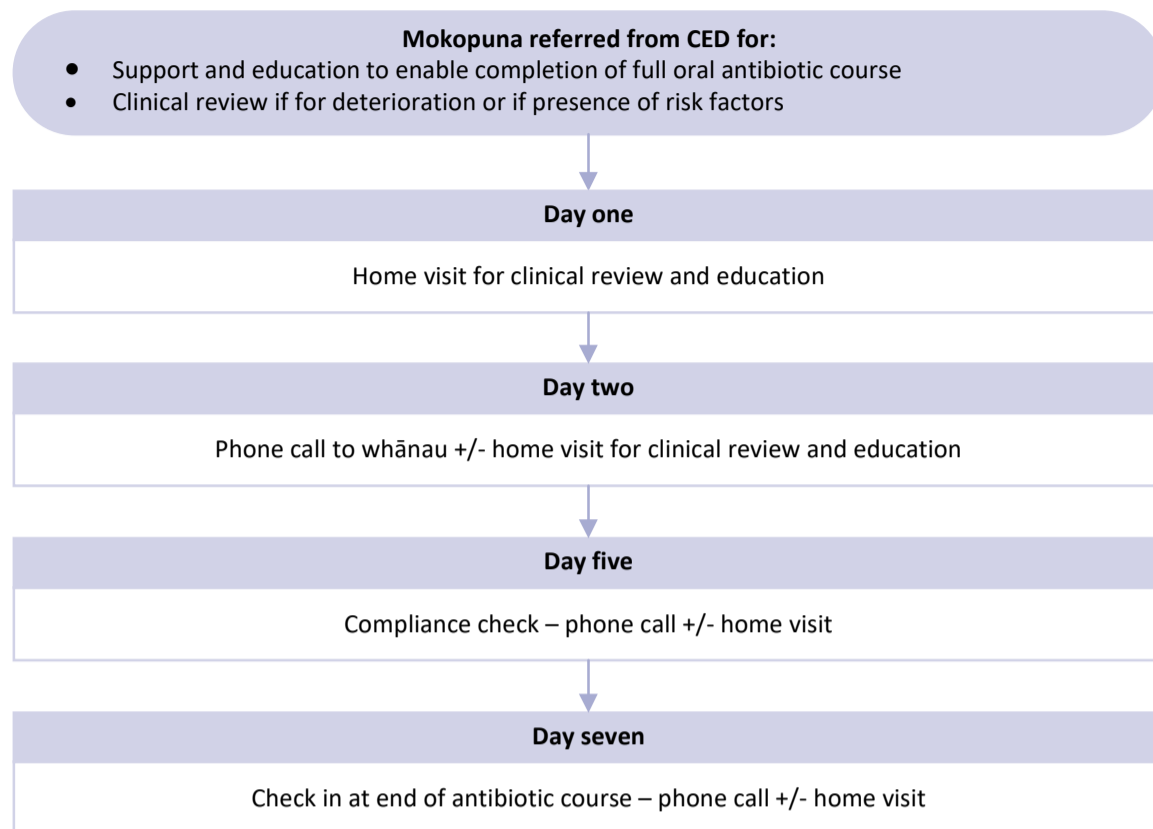
CLINICAL NOTE:
Cellulitis may extend margins for up to 72 hours even on appropriate treatment

3. Starship Community Nurse administered IV antibiotic process



Acute Cellulitis Pathway

4. Starship Community Nursing oral antibiotic whānau support



Any concern of the above including: clinical deterioration, suspected abscess formation, mokopuna systemically unwell or no improvement after 3+ days treatment call CED Senior Clinician