PEDIATRIC CELLULITIS GUIDELINE **Skin Infection** - Swollen - Erythematous - Tender EMERGENCY DEPARTMENT • Age ≤ 3 months Immunocompromised DEFINITIONS • Underlying osteomyelitis/ septic arthritis Exit **EXCLUDE** • Head & Neck cellulitis Guidelines * Toxic • Surgical wounds Pale or cyanotic Animal bites Lethargic or inconsolably irritable Signs of sever dehydration Tachypneic or Tachycardic with; Poor perfusion, mottled or cool extremities (Baraff 1993) No ** Necrotizing fasciitis Intense focal pain out of proportion with cellulitis, * Toxic Suggestion of Consult surgery / Exit General s/s of shock including hypotension. **NF/fluctuant **Infectious Disease** Guidelines Fever ≥ 39°C Consult G surgery emergently. *** Improved No No Minimal spread beyond margin can be tolerated if other signs of inflammation have decreased, e.g. no fluctuations, lower fever. NO TESTS Osteomyelitis Consult Orthopedics / Exit Out Patient Therapy (OPT) PO/ IV – follow the protocol Septic Joint **Infectious Disease** Guidelines Mark site No Measure diameter Start IV, may need IVF CBC **Parental Teaching Blood Cultures** Swabs for G stain & cultures - Mark site/ measure diameter Keflex PO x 7 days 100mg/kg/day TID 1- Cefazolin IV q 12h If Penicillin allergy Still Toxic + Probenecid PO Clindamycin PO - +ve Bl. Cx Out patient IV Abx Admit/ Consult OR Improved *** 20mg/kg/day TID Not fit OPT Cefazolin IV q 8h 2- Follow Protocol Yes Follow up in 48h Yes Able to take PO Exit GP / Pediatrician Follow up in 48h Guidelines GP / Pediatrician Admit/ Consult Improved *** **Continue PO** Prepared by: Regime Yes Exit Dr. Amal Yousif Guidelines Dr. Simi Khangura **Continue PO** Revised: June 14, 2005 Regime