

## CPO ED Back Referral for Cellulitis (Adults Only)

This guideline provides support for IV therapy management in the community following assessment at the Hawkes Bay District Health Board Emergency Department (ED).

### Criteria

- Available to all Hawke's Bay Residents
- Can be utilized by all Hawke's Bay GPs

### Entry into Pathway

- Suitable for Patients with cellulitis requiring IV Therapy that can be managed in Primary Care, including patients seen under ACC
- Initiated by ED staff at HBDHB referring patient back to GP or A&M Centre

### Pathway

- Patients presenting to the Emergency Department (ED) with Cellulitis that require IV antibiotics will be assessed and a decision made as to the appropriateness of the patient being managed by general practice.
- An IV line will be sited and the first dose of antibiotic (cefazolin) will be given and the patient referred back to their GP or A&M Centre
- Within working hours: an attempt will be made to contact the patients GP surgery by telephone to discuss the patient and to request that the GP continues treatment under the CPO Cellulitis Pathway
- Outside of normal working hours: an attempt will be made to contact the after-hours centre nominated by the GP practice.
- Patients receive the remainder of their treatment as per the CPO Guidelines (refer below)
- If the patient is discharged at a time when the after-hours service is also not available, the patient will be asked to attend the nominated GP surgery or after-hours centre, whichever is appropriate, the following day for their next dose of antibiotic and for ongoing management.
- A probenecid 'take home pack' will be provided to the patient from ED

### Electronic Discharge Summary

An electronic discharge summary (EDS) will be sent to the patients GP, or the after-hours center where the patient has been advised to attend. The patient will also be provided with a copy of their discharge summary.

EDS will include:

- IVAB plan of care, dose and time of administration
- provide patient with information about cellulitis
- Cannula to remain insitu for further IV treatment at GP practice. Document date, size and insertion site, plus secure cannula and document on EDS

**Medications**

1. CPO will fund the prescription fee for patients for the specified medications prescribed under this pathway. These are cefazolin and probenecid.

**2. All prescriptions MUST include the CPO reference number included.**

**No Charge to Patient**

As the patient has had their first consultation at ED all subsequent care for the patient while they are receiving IV treatment for cellulitis is provided free of charge with fees being charged to the CPO programme according to the current scheme.

*For further information regarding Cellulitis refer to:  
Cellulitis in Adults Clinical Pathway on Map of Medicine.*

## CPO Adult Cellulitis Pathway

Suitable for CPO-funded IV management:

- Hawke's Bay resident
- Completed adequate trial of oral antibiotics (as per above)
- Pain level under control
- General health especially cognitive capacity is suitable
- Social circumstances are supportive of CPO IV therapy
- Access to a telephone
- Agrees to home elevation of affected limb (patient handout)

Exclusions:

- Red Flags
- Complex diabetic foot infections
- eGFR <35
- BMI >40 or weight >150kg, discussion with ID physician is encouraged

IV Management

- Cefazolin given as an IV slow push 5-10mins, diluent in 20mls water
- Outline area of erythema and daily reassessment to check not extending. Area of erythema may be slow to reduce but check for other signs of improvement, less oedema, less heat, less pain
- Emphasise the importance of rest, elevation and not going to work while receiving treatment

### Cefazolin Dosage

Weight	eGFR	
	>50mL/min	30-50mL/min
Not obese (Weight <120kg or BMI<40)	<ul style="list-style-type: none"> <li>• Cefazolin: 2g ONCE daily</li> <li>• Probenecid: 500mg TWICE daily</li> </ul>	<ul style="list-style-type: none"> <li>• Cefazolin: 2g ONCE daily</li> <li>• Probenecid: 500mg ONCE daily</li> </ul>
Obese (Weight >120kg or BMI>40)	<ul style="list-style-type: none"> <li>• Cefazolin: 3g ONCE daily</li> <li>• Probenecid: 500mg TWICE daily</li> </ul>	<ul style="list-style-type: none"> <li>• Cefazolin: 2g ONCE daily</li> <li>• Probenecid: 500mg TWICE daily</li> </ul>

If the patient has a contra-indication to probenecid give:

Weight	eGFR	
	>50mL/min	30-50mL/min
Not obese (Weight <120kg or BMI<40)	<ul style="list-style-type: none"> <li>Cefazolin: 2g TWICE daily</li> </ul>	<ul style="list-style-type: none"> <li>Cefazolin: 2g TWICE daily</li> </ul>
Obese (Weight >120kg or BMI>40)	<ul style="list-style-type: none"> <li>Cefazolin: 3g TWICE daily</li> </ul>	<ul style="list-style-type: none"> <li>Cefazolin: 2g TWICE daily</li> </ul>

#### Non- response to IV Antibiotics

Three days is the standard length of antibiotic administration for cellulitis in the CPO guideline.

If patient not responding:

- Consider extending IV therapy for a further 3 days if not responding.
- Consider blood tests for FBC and creatinine to help guide management, particularly for elderly or high-risk patients.
- Do not exceed more than six days without consultation with Infectious Diseases Physician at HBDHB
- Consider alternative diagnoses.

#### Preventing Recurrent Cellulitis

People who experience frequently recurring cellulitis, such as those with lymphoedema may consider a trial of prophylactic antibiotics (e.g. amoxicillin 500mg twice daily or doxycycline 100mg daily) on a long-term basis to protect against further infection. This must be seen as an option of last resort; as long term antibiotics are not without obvious risks.

*For further information regarding Cellulitis refer to:  
Cellulitis in Adults Clinical Pathway on Map of Medicine.*

## Probenecid Guide

### Contra-indications:

- History of blood dyscrasias
- Uric acid kidney stones
- Acute gout attack
- Chronic kidney disease (eGFR<30ml/min)
- Pregnancy/breastfeeding

### Caution:

- History of peptic ulcer disease

### Interactions: (not a complete list, consult a pharmacist if concerned)

**Methotrexate:** Do not use probenecid for patients on methotrexate. (Probenecid increases methotrexate levels in the body.)

**Zidovudine:** Do not use probenecid for patients on zidovudine. (Probenecid increases zidovudine levels in the body.)

**Mycophenolate:** : Do not use probenecid for patients on mycophenolate. (Probenecid may increase mycophenolate levels in the body.)

**NSAIDs:** Use the lowest dose necessary. (Probenecid may increase the levels of NSAIDs in the body)

**Aspirin:** There is no significant interaction with low dose aspirin for cardiovascular prevention, however patient should be advised to not use aspirin at doses used for pain relief.

**Paracetamol:** Use the lowest dose necessary. (Probenecid may increase the formation of toxic metabolites of paracetamol)

**Lorazepam:** A 50% dose reduction of lorazepam should be considered when concurrent therapy is employed. Be alert for increases in lorazepam effects like sedation and anterograde amnesia. (Probenecid increases the levels of lorazepam in the body.)

**Nitrazepam:** Be alert for increases in nitrazepam effects (sedation, anterograde amnesia) and adjust the nitrazepam dose if necessary. Probenecid may increase the levels of nitrazepam in the body)

### Advice

- Ensure adequate fluid intake (about 2–3 litres daily)
- Probenecid is prohibited at all times by the World Anti-Doping Agency and should not be prescribed to elite athletes

