

Cellulitis Package of Care

Purpose

Evidence no longer supports the community management of Cellulitis with once daily IV antibiotic treatment. Appropriately dosed oral antibiotics, with probenecid for moderate to severe infection, have clinical outcomes equivalent to IV antibiotic treatment.

If a patient requires IV antibiotics, hospital referral is now considered the best way to ensure appropriate treatment.

This Pathway is suitable for children and adults presenting with cellulitis, who can be managed in the community, to avoid referral to ED/Hospital

Clinical Pathway

Refer to Health Pathways:

Cellulitis in Adults: [Cellulitis in Adults - Community HealthPathways Te Matau a Māui | Hawke's Bay](#)

Cellulitis in Children: in progress

CPO Pathway

Children and adults presenting with cellulitis, who can be managed in the community, avoiding referral to ED/Hospital

Eligibility Criteria

- Hawke's Bay resident
- Can be managed safely in primary care

Package

Patients pay a co-pay at a standard consultation rate as the initial consultation is considered a routine primary care appointment

The table sets out the amount providers can claim for the package of care. Note pricing is GST exclusive and excludes consumables.

Package	Funding (GST inclusive)
Proactive follow up: Nursing follow-up phone calls to assess compliance in high-risk patients in first 48 hrs OR:	\$ 44.85
Proactive follow up: Arranged GP/NP follow-up appointment for review in those with high risk or moderate-severe cellulitis in 48-72 hrs.	\$ 109.25
Reactive follow up: Arranged GP/NP follow-up appointments in patients with mild cellulitis who have represented acutely with worsening cellulitis and require a subsequent arranged review (i.e. third appointment is claimable)	\$ 109.25

All steps must align with current local Cellulitis Pathways	

There is no limit to the number of follow ups if they occur within 7 days of the initial appointment where cellulitis was identified.

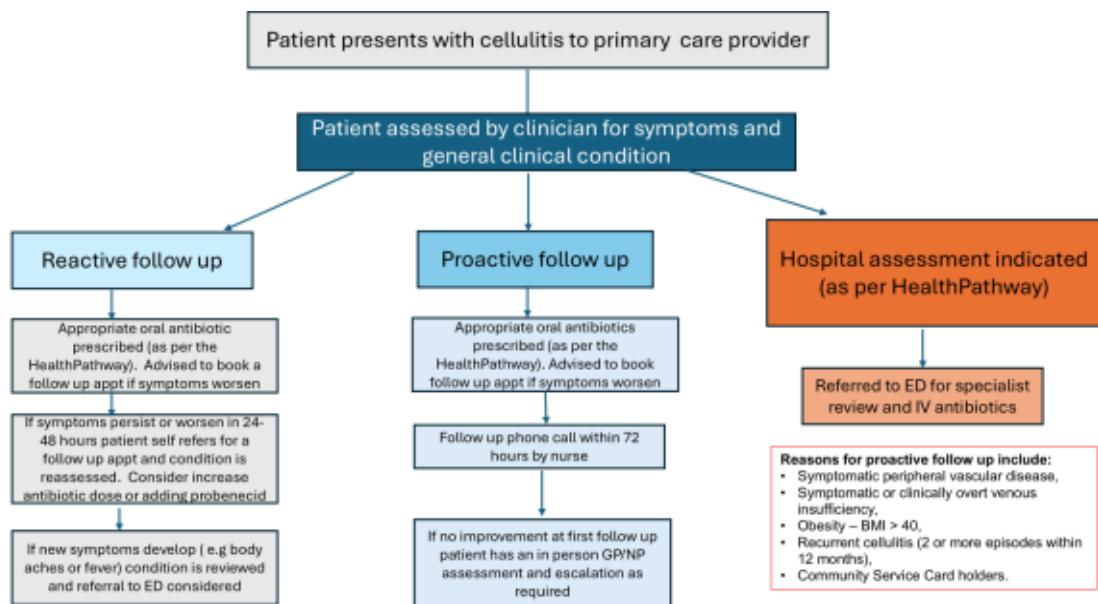
High Risk Groups for Follow up:

- Symptomatic peripheral vascular disease; or
- Symptomatic or clinically overt venous insufficiency; or
- Obesity – BMI > 40;
- More than 9% of the patient's body surface area is affected
- Recurrent Cellulitis (2 or more episodes in past 12 months)
- CSC holders

Exclusions

- Severe cellulitis or risk factors suggesting poor outcomes with oral treatment
- IV treatment not funded

Oral Antibiotic Treatment



Claiming

The “Cellulitis Package of Care” form can be accessed from the ‘Other Options’ tab in Halcyon.

CPO Funding No Longer Supports:

- community administration of IV antibiotics for Cellulitis.
- Prescription co-pay for patient prescriptions
- ACC co-payment for consultation
- Transport to/from general practice

