

Medicines Optimisation

Best Practice Guidance for Care Homes – *Bulletin 29*

Cellulitis

Cellulitis is an infection of the **skin** and tissue, usually due to bacteria entering the deep layers of the skin where it is broken, for example, because of a cut, or cracked and dry skin. It may not always be possible to see the break in the skin.

The infection can affect any area, but it is most common the on the **feet and legs**. It can develop quickly and can spread through the body. If untreated, it can cause **life-threatening complications**. Most cases are treated with antibiotics, but severe cases may require a hospital admission.

Causes of Cellulitis

Skin is a good barrier against infection. If there is a break in the skin such as a graze, cut, skin tear, ulcer or injection site, bacteria can enter. Bacteria will multiple quickly and spread to cause infection. Anyone can get cellulitis, but it is more common in the following groups of people:

- Have poor circulation in arms, legs, hands or feet. This often includes people who are overweight.
- Limited mobility
- Have a weakened **immune system**, for example if they are having chemotherapy, or are taking a course of steroids.
- Have lymphoedema, which causes fluid build-up under the skin.
- **Poorly controlled diabetics**
- People with **cuts, grazes, or bites or wounds** from surgery
- Those who have **had cellulitis in the past**.
- People with **existing skin conditions** such as **eczema** and **dermatitis**
- **IV drug users**
- **Athletes foot**

Symptoms of Cellulitis

Symptoms of cellulitis include:

- Skin that is **warm or hot to touch, swollen, red and inflamed**. Blisters may occur.
- People may also have **swollen, painful glands**.
- Raised **temperature** and generally feeling unwell.

Treatment of Cellulitis

Cellulitis is usually treated with a short course of **antibiotics**¹. The symptoms may get worse in the first 48 hours of treatment but should then start to improve. If there is no improvement within 2 to 3 days of starting treatment, the clinician should be contacted; the clinician may extend the course of antibiotics as per guidance. It is **very important** that the **person completes the course of antibiotics** and that any **adverse effects or side effects** are reported promptly to the Clinician.

If the cellulitis infection is severe, intravenous antibiotics administered in hospital may be required.

As well as taking antibiotics, the following measures will help speed up recovery:

- **Elevating the affected area** when sitting or lying down as this will help to reduce the swelling. And improve pain. If the cellulitis is in the leg, it should be elevated higher than the hip. The easiest way is to sit on a chair the heel/calf of the affected leg on a raised stool, or to lay in bed with several pillows under the feet/ lower leg. If the cellulitis is in the arm, a sling or pillow may help to raise the affected area.
- Simple **analgesia** such as paracetamol and ibuprofen can help to reduce a raised temperature and control pain. If using over-the counter medicines or homely remedies, check with a pharmacist or clinician that any analgesia given is suitable for the resident and compatible with any prescribed medication they may take.
- Encourage the person to drink plenty of **fluids to reduce** the risk of **dehydration**.
- If the resident usually wears compression stockings, ensure these are removed whilst there is an active cellulitis infection as the pressure may cause further inflammation.
- Encouraging regular movement of the joint near the affected site, such as the wrist or ankle, to stop it getting stiff.
- If athlete's foot is present, this should be treated so that the bacteria cannot enter the body in that way in future. Any cut or small wounds should be kept clean and antiseptic cream applied.
- Keep the skin clean. A **moisturiser and soap substitute** (see Bulletin 11 Skin Care²) should be used during the healing process to prevent the skin from becoming dry and damaged.

Most cases of cellulitis are successfully treated with a course of antibiotics. If there are signs the cellulitis is not improving or is worsening, a clinician should be contacted urgently as it can become life-threatening. Signs to look for include:

- a very high temperature, or you feel hot and shivery.
- a fast heartbeat or fast breathing
- purple patches on your skin, but this may be less obvious on brown or black skin.
- feeling dizzy or faint
- confusion or disorientation
- cold, clammy, or pale skin
- unresponsiveness or loss of consciousness

These are symptoms of **serious complications**^{1,3} - urgent medical advice must be sought.

Prevention of Cellulitis

- **Clean** any cuts and wounds.
- The resident and anyone providing personal care to them should **wash their hands regularly** to prevent the spread of bacteria.
- Use a **moisturiser** regularly to prevent skin drying and cracking.
- **Keep eczema and related skin conditions under control.** Keep fingernails short and avoid scratching as this can break the skin and become an entry-point for bacteria.
- Overweight residents should be encouraged to lose weight as **obesity** can cause cellulitis.
- If the resident has **recurrent infections** their clinician will initiate a care plan for ongoing management of the person
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References

1. NHS Health A to Z: Cellulitis. [Cellulitis - NHS \(www.nhs.uk\)](https://www.nhs.uk) (accessed January 2024)
2. NICE CKS – Cellulitis – acute [Cellulitis - acute | Health topics A to Z | CKS | NICE](#) (Accessed January 2024)
3. Best Practice Guidance 11: Skin Care-Emollients [Best Practice Bulletin 11 Skin Care and Emollients](#)

Title	Best Practice Guidance – Bulletin 29: Cellulitis
Description of policy	To inform healthcare professionals
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Prepared by	Medicines Optimisation Team
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Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1		Jen Carroll	Draft	Initial Draft
0.2	15/11/18	Sandra Parnell-Cook	Draft	Formulary information checked, links confirmed, formatting checked. Logos changed
1.0	February 2019	Medicine Optimisation Team	Final	Approved by Senior team
1.1.	August 2021	Sandra Parnell-Cook	Review	
2.0	September 2021	Medicines Optimisation Senior Team	Final	Agreed changes-added complication symptoms from NHS website and added references. Approved by Senior team
2.2	January 2024	Medicine Optimisation Team	Review	Reviewed spelling errors and updated antibiotic guidance and reference links
2.3	January 2024	Medicines Optimisation Team – HH	Clinical review	Some minor amendments and formatting. Addition of information regarding compression stockings and regular movement of nearest joint. Term 'patient' changed to 'person' or 'resident'.

