

**GP REFERRAL TO CRISIS RESPONSE FOR TREATMENT OF CELLULITIS
WITH IV TEICOPLANIN**

Refer by phone on 01226 644008/07747 794698. Leave referral with patient.

| | |
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| Patient name: | NHS Number: |
| Address: | Allergy status: |

Suitability for community administration of IV antibiotics to treat cellulitis (Class 1 and 2)

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| Exclusion criteria: | <ul style="list-style-type: none"> • Hypersensitivity to Teicoplanin • Pregnancy/lactation • Facial or perineal cellulitis • IV drug use | <ul style="list-style-type: none"> • Hepatic/renal disease (eGFR should be within 30-80 ml/minute/1.73 m²). If no recent bloods CRT can obtain on first visit • Neutropenia • Class 3 and 4 cellulitis • Likelihood of noncompliance/advanced dementia |
|----------------------------|--|---|

If the patient has 2 or more signs of systemic sepsis:

- Temp >38 or <36°C
- Pulse >90/min
- RR >20
- Systolic BP <100

Or the patient has 1 or more of the following:

- WBC >14 or <4
- Severe lymphangitis, blistering or large affected area
- Immunosuppression
- Poorly controlled Diabetes
- Peripheral vascular disease

Then Hospital admission advised.

Checklist for referral to Crisis Response Team Cellulitis Pathway

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| Attendance with diagnosis of Cellulitis (Class 1 or 2) | Yes | No |
| Suitable for Outpatient Cellulitis Service | Yes | No |
| Accepted by Crisis Response Team | Yes | No |
| Consent documented in notes | Yes | No |
| Mark Cellulitic area with indelible pen | Yes | No |

GP PRESCRIPTION: please administer the following regime:

| | Drug | Dose | Route |
|----------|-------------|-------------------------|--------------|
| Day 1 | Teicoplanin | 400mg 2 doses 12 hourly | IV bolus |
| Days 2-7 | Teicoplanin | 400mg 24 hourly | IV bolus |

If no improvement or venous access proves problematic, please contact the practice to arrange a patient review

| | |
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| Prescribed by (Name and signature): | Date: |
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**INFORMATION FOR PATIENTS UNDERGOING INTRAVENOUS (IV) THERAPY
AT HOME BY THE CRISIS RESPONSE TEAM**

- The course of medication that you are having at home is the same as that started whilst in hospital or will be prescribed by your GP after discussion with a consultant microbiologist; no other IV medication will be given by our nurses
- The team may take blood samples requested by your Hospital Consultant or the Consultant Microbiologist. As a result of this, the dose of medication may be adjusted
- Your medication will be given by a cannula, PICC line or skin tunnelled catheter. These devices are all tubes that allow the medication to be delivered directly into the blood stream
- If the skin around this device becomes sore, hot, red or swollen, inform the team as soon as possible
- The device will be covered with a dressing between our visits. Please avoid knocking the device or getting it wet or dirty
- If the cannula does accidentally get pulled out, this will not be harmful but you need to raise the arm and press a clean tissue over the area to stop any bleeding
- On occasions it may be necessary to replace the cannula; this will be done by the nurse visiting
- Some people have veins that are difficult to put a cannula into and occasionally patients have to return to hospital for this to be done
- While you are having your treatment we will leave an equipment box and sharps bin at your home
- The nurse will visit at the time required for your medication; however this may vary a little due to our workload and travel between visits

If you have any concerns you can contact the team 24/7 on **07747794698**

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| I consent to the administration of intravenous therapy by the Crisis Response Team | Name | |
| | NHS No | |
| | Date | |
| | Signature | |

To be administered using the aseptic technique as per Trust Clinical Procedure

| Date and time | VIP score | Peripheral cannula | | Line cleaned (chlorhexidine gluconate in 70% alcohol) | Pre & post dose flush (5ml 0.9% saline) | Antibiotic given | Dose | Batch/ Expiry | Effect of antibiotics | Marked cellulitic area | Signature of Nurse |
|--|-----------|------------------------------------|---------|---|---|------------------|------|---------------|-----------------------|------------------------|--------------------|
| | | Inserted | Removed | | | | | | | | |
| Day 1 | | | | | | | | | | | |
| Day 1 | | First dose to be given as infusion | | | | | | | | | |
| Day 2 | | | | | | | | | | | |
| Day 3 | | | | | | | | | | | |
| Day 4 | | | | | | | | | | | |
| Day 5 | | | | | | | | | | | |
| Day 6 | | | | | | | | | | | |
| Day 7 | | | | | | | | | | | |
| <p>ONCE PATIENT IS APYREXIAL FOR 48 HOURS AND HAS DEFINITE IMPROVEMENT IN THE APPEARANCE OF CELLULITIS THEN COMMENCE ORAL ANTIBIOTICS</p> | | | | | | | | | | | |
| <p>IF NO IMPROVEMENTS BY DAY 5, SEEK MEDICAL ADVICE REGARDING FURTHER TREATMENT</p> | | | | | | | | | | | |