Guidance for identifying Cellulitis or Red Legs

TIPS: Antibiotics are not required for Red Legs, discontinue if the patient is systemically well.

Erythema will not appear as redness in patients with darker skin tone but a change in skin colouration will be visible in the affected area when compared to an unaffected area of the skin.

Bilateral cellulitis is very rare but if you believe this to be the diagnosis, follow the cellulitis guidance.

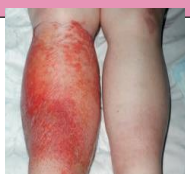
Red flags:

- Assess for DVT risk
- If patient has bilateral red legs and is unwell look for other possible causes of infection not related to the lower limb.

Unilateral red leg	Bilateral red legs
Acute new diagnosis	**Chronic condition**
Systemically unwell patient	Systemically well patient
Raised Temperature/**WCC/CPR/ESR**	Normal Temperature/**WCC/CRP/ESR**

Cellulitis:

Definition - is an inflammatory skin condition caused by acute infection of the dermal and subcutaneous layers of the skin; it is characterised by a superficial, diffuse, spreading skin infection without underlying collection of pus. (Atkins 2016).



Causes could be:

- Insect bite
- Cut/broken skin to limb
- Re-occurring cellulitis in the lymphedema patient.

Treatment:

- Mark infected area with marker pen
- Commence antibiotics as per local antibiotic guidance
- Commence analgesia
- Elevate limb
- Apply emollient to intact skin following Emollient formulary guidance.

Broken skin:

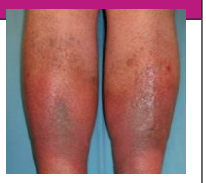
- Undertake the Pathway for Wound Cleansing
- Swab the cleanest area of open skin to the affected area
- Apply appropriate primary dressing as per Pathway for Wound Infection (and Kliniderm Super Absorbent dressing if required)
- Bandages as per the Pathway for application of Safe Soft Lower Leg Bandaging (if unable to tolerate bandages due to pain apply two layers of appropriate sized tubular bandage i.e. comfifast /clinifast).

Referral and Re-review

- Review Antibiotics after 48 hours.
- If patient usually has compression therapy this may be recommenced once the acute phase has passed and patient can tolerate.
- If no improvement refer back to local antibiotic guidance for alternative antibiotic treatment.
- If improvement consider switching to oral antibiotic treatment (reduced temperature, falling CRP, reduced inflammation).
- Consider long-term antibiotics for patients with re-occurring cellulitis with lymphedema.
- If the patient has had two or more episodes of lower limb Cellulitis in the last 6 months refer to the Vascular Team.

Red legs:

Definition - presents as redness, warmth and tenderness of the lower limbs, without signs of infection in patients with a history of venous disease, chronic oedema and dermatological conditions. (Salmon, 2016; Wound UK 2019).



Causes could be:

- Venous Hypertension
- Chronic oedema
- Lipodermatosclerosis
- Staining
- Contact Dermatitis
- Heat induced redness e.g. sunburn, radiator burn, exposure to open fires
- Underlying medical condition - consider diagnosis of Heart Failure.

Treatment:

- Commence trial of topical steroid
- Apply emollient to intact skin following Emollient formulary guidance
- If patient has compression garments that are in date, continue with this. If not apply two layers of tubular bandage toe to knee i.e. comfifast/clinifast.

Broken skin:

- Undertake the Pathway for Wound Cleansing.
- Apply appropriate Primary dressing (and/or Kliniderm super absorbent dressing if required) as per tissue type pathways in the Doncaster Wide Wound Care Formulary.
- Bandages as per the Pathway for application of Safe Soft Lower Leg Bandaging. (If unable to tolerate bandages due to pain apply two layers of appropriate sized tubular bandage i.e. comfifast /clinifast).

Referral and Re-review

- If skin is intact and this is new diagnosis of red legs refer to dermatology.
- If the skin is intact and out of date compression garments or two layers of comfifast/clinifast used, refer to a Tier 3 service or District Nursing Team for a lower limb assessment to be undertaken (on discharge for DBTH patients).
- If the skin is broken please refer to the Skin Integrity Team via the Datix/Dashboard for Secondary Care inpatients and to the Tissue Viability and Lymphoedema Service for Emergency and outpatient patients and Primary Care patients.
- If no improvement after treatment, please complete a routine referral to Dermatology.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.

References: British Lymphology Society (2016) Consensus Document on the Management of Cellulitis in Lymphoedema
CREST (2005) Guidelines of the management of cellulitis in adults. Developed by the Skin integrity Team. Updated June 2022 v2. For review June 2024.