

Cellulitis Clinical Evidence Summary Sheet**Introduction**

The **Avoidable Admissions** strategy has been developed as a result of extensive research and consultation with key clinicians. The strategy identifies that it may be appropriate for patients with specific medical conditions and DRG categories, to be treated for their conditions as a non in-patient hospital admission.

This paper summarises the clinical evidence for patients with Cellulitis (with-out complications) with a DRG category-ANDRG J64B to be potentially treated through models other than in-patient admission.

Options for alternative models of care to provide patient centered and non-admitted treatments are required. These models may include the development of "Hospital in the Home" (HITH) and Community Acute Post Acute Care (CAPAC) type services.

There will be an even higher demand for health services in the future with the population ageing (1,2). It is therefore important that we start planning and implementing alternative models of care for our patients. Patients' care delivered through CAPAC, or HITH type models has been associated with greater patient satisfaction when compared to hospital care and has been shown to have similar health outcomes to hospital care in selected patients (3,4).

A recent data review found that of patient admissions to EDIS reporting hospitals in NSW during 2005/2006:

- Approximately 7497 patients diagnosed with cellulitis were admitted to hospitals as in-patients through Emergency Departments.
- Cellulitis was ranked in the top twenty emergency admissions to hospitals

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Disease Management

Preventative and appropriate treatment of cellulitis and skin infection is essential as it is also associated with septicaemia from gram positive and negative organisms and can also be a complication of acute and chronic wound management.

Diabetes mellitus, obesity and personal hygiene are amongst a variety of risk factors for these infections. Patient education and optimal wound care may have a minor influence in reducing the number of patients presenting to ED.

These infections if treated at home will reduce the spread of nosocomial infections. Treatment at home will also minimise the risk of hospital acquired Staphylococcal and MRSA infections.

Alternative To Hospital Care

Small numbers of patients with acute cellulitis requiring intravenous antibiotic are currently being managed by CAPAC services as an alternative to current practice in many hospitals in NSW (5,6,7,8). These services are under utilised.

There are simple indicators of severity that may assist selection of patients most suitable for home or ambulatory management (9,10). A number of hospitals and AHS have developed guidelines for intravenous antibiotic management of these conditions and a number of service models have been trailed (Attachments A & B).

The purpose of this paper is to assist in bringing evidence into practice within NSW Health services for community based care. There have been a number of local studies suggesting improved resource utilisation for CAPAC type services in South Eastern Sydney and Illawarra Area Health Service (11) and Sydney South West Area Health Service (12).

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Clinical Guidelines - Attachment A & B

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Acute/Post Acute Care (APAC). Northern Sydney Central Coast Health. (2007) *APAC- Clinical Guidelines for Home Intravenous Antibiotic Therapy for Cellulitis*. Northern Sydney central Coast Health