

## Skin & Soft Tissue Infection in Adults – Guidance for ED Staff and Admitting Registrars

Presenting Feature:	Requires consideration of:	Refer to:
<b>Cellulitis of the lower limbs, abdomen or face</b> (excluding orbital/periorbital)	<ul style="list-style-type: none"> <li>Suspicion / history of multi-drug resistant organisms (see below)</li> <li>Unusual exposure (e.g. water, bite, IVDU) (see below)</li> <li>Non-infectious aetiology not requiring antibiotics (e.g. CCF, venous stasis)</li> </ul>	<p>General Medicine or Aged Care Unit</p> <p>Consider HITH Referral</p>
<b>Sepsis syndrome* from skin source / Toxic shock syndrome</b>	<ul style="list-style-type: none"> <li>Blood cultures</li> <li>Urgent systemic antibiotics &amp; resuscitation</li> </ul>	<p>Infectious Diseases with HDU / ICU referral</p> <p>* If adequate response to fluid resuscitation in ED, may be suitable for Gen Med / Aged Care Unit</p>
<b>SPECIAL CASES</b>		
<b>Drug-resistant organisms</b> (e.g. history of MRSA)-associated cellulitis / soft tissue infection	<ul style="list-style-type: none"> <li>Infection control precautions</li> <li>Appropriate antibiotic choice</li> </ul>	Infectious Diseases (where no surgical intervention likely / required)
<b>Exotic / unusual exposure history</b> (i.e. water exposure, IV drug use)	<ul style="list-style-type: none"> <li>Wound swab</li> <li>Appropriate antibiotic choice</li> </ul>	Infectious Diseases (where no surgical intervention likely / required)
<b>Hand / Upper limb cellulitis or soft tissue infection</b> (e.g. penetrating trauma, animal bite)	<ul style="list-style-type: none"> <li>Septic tenosynovitis +/- neurovascular compromise needs prompt surgical review</li> <li>Wound swab</li> <li>Tetanus prophylaxis</li> </ul>	Plastic surgery +/- ID consultation
<b>Herpes zoster ophthalmicus (shingles)</b>	<ul style="list-style-type: none"> <li>Viral swab</li> <li>Anti-viral therapy +/- cover for secondary bacterial infection</li> <li>Single room with droplet precautions</li> </ul>	Infectious diseases with same day Ophthalmology review
<b>Necrotising fasciitis / myonecrosis</b> (suspected or proven)	<ul style="list-style-type: none"> <li>Blood cultures</li> <li>Urgent surgical treatment and systemic antibiotics</li> </ul>	Plastics +/- General Surgical Unit with ID consultation
<b>Peri-orbital / Orbital cellulitis</b>	<ul style="list-style-type: none"> <li>CT imaging if features of orbital cellulitis (e.g. proptosis, ↓eye movement, eye pain, chemosis)</li> <li>Consider unusual organisms in immunosuppressed (e.g. fungi)</li> </ul>	Infectious diseases +/- Ophthalmology/ ENT input
<b>Scrotal / perineal soft tissue infection</b> – “Fournier’s gangrene”	<ul style="list-style-type: none"> <li>Urgent surgical treatment and systemic antibiotics.</li> </ul>	General Surgery + Urology Unit with ID consultation

