**BASIC LOWER LIMB CELLULITIS CARE PLAN**

Patient label

**Date/time commenced ……………………………..**

**Implemented by ……………………………………..**

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| **This patient has lower limb cellulitis** |
| Goal to:   * Manage infection * Manage pain * Manage exudate * Protect skin integrity * Prevent deterioration |
| **INTERVENTIONS/ACTIONS:**  CELLULITIS IS GENERALLY UNILATERAL. If the erythema is bilateral differential diagnoses of DVT, varicose eczema, gout, lymphoedema should be considered.  Cellulitis is caused by either *Steptococcus pyogenes* or *Staphylococcus aureus* which resides in the interdigital spaces; possible causes include breaks to skin integrity i.e. ulceration, trauma, varicose eczema etc., plus diabetes, circulatory and lymphatic problems  Margins of erythema should be drawn  Establish any allergies/sensitivities |
| **Surrounding skin preparation / protection:**  Wash leg(s) & feet using Aqueous cream as a soap substitute removing as much detritus as possible without causing patient further harm; dry well.  If skin is dry, liberally apply 50/50 to legs, dorsum of feet and heels in downward strokes.  If skin is wet, apply Derma S cream or film to all areas prone to maceration |
| **Wound bed preparation:**  Superficial – Apply Atrauman  Sloughy & wet – Apply Aquacel Extra, with at least 1cm margin around wound |
| **Exudate management:**  Low to moderate – dressing pad  Moderate to high – Biatain non-adhesive |
| **Retention:**  If patient is sensitive to Soft ban dressings can be secured with Actifast blue/yellow prior to bandaging  Apply Soft ban: apply two turns around base of toes; over lapping by 50% apply further turn around foot if required; ask patient to ‘point their toes towards their nose’ and continue spiralling with 50% over lap up to two fingers width below the back of the knee(s)  Apply crepe bandage in same manner; tape in place |
| **Frequency of redressing & reassessment:**  Redress every 3 – 4 days; this depends on how much the wound is exuding and may require redressing more often  The entire care plan to be reviewed every two weeks and updated as necessary |
| **Additional needs:**  Ensure MUST assessment completed and referral made to dietician as required; patient to be encouraged to take meals high in protein, vitamins and minerals to aid wound healing  Patients should elevate their legs as much as possible, ideally in bed. If a foot stool is used ensure heels are suspended to avoid pressure damage  Patients who have had 2+ episodes of cellulitis may require prophylactic antibiotics for medium/long term; see 364.5.2 Management and Treatment of Cellulitis |
| **Person/Team Responsible:**  All ward staff; doctor(s); physiotherapy; occupational therapy; clinical nurse specialist(s); dietician; pharmacist |