Triage of skin or soft tissue infection (SSTI) affecting upper or lower limb(s) or face (erysipelas) for same day discharge in ED or CAU



Affix patient label

Location	E	D	CAU
Date			
Time			
Responsible Consultant			
Contact no and signature of			
assessor			

Severity Assessment

OPAT Suitability Assessment

Category 1 (NEWS 0-1)

Patients with no uncontrolled co-morbidities requiring in-patient assessment

And

not systemically unwell

And

not yet tried oral antibiotics

Category 2 (NEWS 0-1)

Patients with no uncontrolled co-morbidities requiring in-patient assessment

And

mild systemic illness

Or

well with condition complicating or delaying infection resolution, eg peripheral vascular disease, chronic venous insufficiency or morbid obesity

Or

well but cellulitis progression despite appropriate choice and dose of oral antibiotic

Category 3 (NEWS ≥ 2)

Patients with significant systemic upset, eg acute confusion, tachycardia, tachypnoea, hypotension or persistent pyrexia

Or

unstable co-morbidities, eg acute kidney injury (AKI), uncontrolled blood sugar or cardiac decompensation

In-patient IV antibiotics required

Yes

See local in-patient infection

management guidelines

Give oral antibiotics

Flucloxacillin 1g 6 hourly

Alternative in patients with penicillin allergy: Doxycycline 200mg stat then 100mg 12 hourly

Total duration 5 days (Check BNF for interactions, including cation interactions.

May Require IV Antibiotics

Is patient ambulatory and self-caring or has appropriate carer support and access to OPAT does not delay treatment

Yes

No

OPAT Suitability Assessment

Does patient require additional assessment or have any exclusion criteria?

No

Additional Assessment Required

Patients in the groups below may be suitable for OPAT but require discussion with or assessment by OPAT medical staff and, potentially, adjustment of antibiotic regimen:

- Recent hospital admission
- Diabetic foot ulcer with cellulitis \Box
- eGFR <30 ml/min/1.73 m²
- People who inject drugs (PWIDs) Human or animal bite cellulitis
- Pregnant or breast feeding **Immunosuppressed**
- Previous or current MRSA

Discuss with specialist surgical or orthopaedic team in case further intervention required if the patient has:

- Surgical site infection
- Hand trauma
- Possible bone/joint infection or bursitis

OPAT Exclusion Criteria

Patients in these groups not eligible for OPAT:

- Under 18 years (consider paediatric pathway, if available)
- Pain out of proportion to skin changes, or skin changes that are rapidly evolving or blistering
- Unstable co-morbidities, eg AKI, cardiac decompensation or uncontrolled blood sugars
- Current Clostridioides difficile infection
- (Peri)-orbital cellulitis
- Other medical problems requiring in-patient management

OPAT first line: Ceftriaxone 2g IV and review daily (Note: not for in-patient use)

Alternative if patient has severe anaphylaxis or other lifethreatening penicillin or beta-lactam allergy or C. difficile concern (including episode in previous 3 months)

Daptomycin IV 4-6mg/kg and review daily

See page 2 for notes on daptomycin dosing, some OPAT services may use Teicoplanin (Note: not for in-patient use). If daily IV administration is not possible for logistical reasons eg geographically remote, care home resident, people who inject drugs, or with alcohol dependency, or a significant mental health morbidity or a history of deliberate self-harm.

IV dalbavancin 1g once and review on day 7, or sooner if required. Discuss with pharmacy for patients with extremes of weight (Note: not for in-patient use)

Adapted from: Scottish Antimicrobial Prescribing Group (SAPG) OPAT sub group |June 2022 |

If any criteria below, discuss with duty ID consultant or duty microbiologist	Yes	No			
Recent hospital admission					
Diabetic foot ulcer with cellulitis					
Pregnant or breast feeding					
Immunosuppressed					
eGFR <30 ml/min/1.73 m2					
Previous or current MRSA					
Human or animal bite wound					
Fresh or seawater exposure					
People who inject drugs (PWIDs) or other concern about lifestyle or mental health					
SSTI over a joint, hand trauma or surgical site – arrange review by orthopaedic or surgical team					
Start empirical treatment as per hospital antibiotic guidelines.	•	•			
Do not continue with triage document until further advice is given by infection specialist.					

2. SSTI Category 2, no criteria in steps 3 and 4 identified, suitable for direct access OPAT Yes					No	
No penicillin allergy		Life threatening penicillin allergy				
No concern about <i>C. difficile</i>		If unsure discuss with infection specialist				
Administer IV ceftriaxone 2g stat via 30 minute infusio observe for 30 minutes.	n and	Administer IV daptomycin stat via 3 minute injection or 3 minute infusion and observe for 30 minutes.				or 30
			Body weight (kg)	6mg/kg dosing ro nearest vial	unded to	
			< 59	350mg		
			59 – 83	500mg		
			84 – 117	700mg		
			118 – 142	850mg		
			>142 kg	discuss with phar	macy	
		Check baseline creatine kinase (CK) and highlight pulmon eosinophilia risk.				monary

3. Complete checklist below	Yes	No
Senior clinician in ED or CAU agrees with same day discharge to OPAT		
Patient understands and consents to outpatient treatment with OPAT		
Patient understands and knows what to do if symptoms worsen		
Patient phone number and contact details are correct on Portal		
Baseline bloods including U&Es, CRP, LFTs, FBC, blood cultures and CK (if relevant) done and results		
reviewed		
All borders of SSTI marked clearly		
Examine both feet for tinea pedis. If present treat with Miconazole nitrate 2 % cream twice daily for 7		
days until all symptoms and signs have disappeared		
Pain controlled		
Assess VTE risk, administer dalteparin thromboprophylaxis if necessary		
First dose of antibiotic given		
Complete paper Kardex and prescribe relevant IV antibiotic +/- thromboprophylaxis for next 48 hours.		
Attach Kardex to OPAT folder.		
PVC bundle completed. Attach to OPAT folder.		
Cannula covered with soft bandage. Explain to patient on how to keep dry.		
All discharge medication explained		
OPAT contact details given to patient		
Explain to the patient to attend Bay 1 outpatients at 2pm (Mon-Fri)		

4. Complete referral to OPAT

Check that all sections of this document are complete. Scan and email to dg.opat@nhs.scot.

Between 0800-1600 Monday to Friday and 0900-1200 call OPAT duty nurse on 33891, 33111 OR 33976 to discuss referral in person also.