

**Disclaimer:**

**This is a clinical template; clinicians should always use judgment when managing individual patients**

Re-approved by Antimicrobial Working Party on 14Sep21  
Review due: Sep24 · Trust Ref: C44/2015

**Patient details**

Full name

DoB

Unit number

(use sticker if available)

**① Is patient morbidly obese?**

Tick patient's height and enter their actual weight in the white box. Compare this with the calculated weight for a BMI of 40.

| Body height              |      | Body Weight  |                     |
|--------------------------|------|--------------|---------------------|
| feet                     | cm   | BMI 40<br>kg | Actual weight<br>kg |
| <input type="checkbox"/> | 4'10 | 147          | 86.5                |
| <input type="checkbox"/> | 4'11 | 150          | 90.0                |
| <input type="checkbox"/> | 5'   | 152          | 92.4                |
| <input type="checkbox"/> | 5'1  | 155          | 96.1                |
| <input type="checkbox"/> | 5'2  | 158          | 99.8                |
| <input type="checkbox"/> | 5'3  | 160          | 102.4               |
| <input type="checkbox"/> | 5'4  | 163          | 106.3               |
| <input type="checkbox"/> | 5'5  | 165          | 108.8               |
| <input type="checkbox"/> | 5'6  | 168          | 112.9               |
| <input type="checkbox"/> | 5'7  | 170          | 115.6               |
| <input type="checkbox"/> | 5'8  | 173          | 119.8               |
| <input type="checkbox"/> | 5'9  | 175          | 122.4               |
| <input type="checkbox"/> | 5'10 | 178          | 126.8               |
| <input type="checkbox"/> | 5'11 | 180          | 129.5               |
| <input type="checkbox"/> | 6'   | 183          | 134.1               |
| <input type="checkbox"/> | 6'1  | 185          | 136.8               |
| <input type="checkbox"/> | 6'2  | 188          | 141.5               |
| <input type="checkbox"/> | 6'3  | 191          | 145.9               |
| <input type="checkbox"/> | 6'4  | 193          | 149.0               |
| <input type="checkbox"/> | 6'5  | 196          | 153.7               |
| <input type="checkbox"/> | 6'6  | 198          | 156.8               |

**YES**, as actual weight ≥ 'BMI 40 weight'

**NO**, as actual weight < 'BMI 40 weight'

- Obtain vital signs and finger prick glucose (BM)
- Record weight in box 1
- Assess pain and address any analgesia needs
- Take blood / obtain IV access if any of the below:
  - Aged >64 years
  - Features of instability (see box 2)
  - IV antimicrobials mandatory (see box 3)
- Blood tests should include FBC, venous blood gas (VBG), U&E, LFT and coagulation screen
- Complete Nervecentre Red Flag Sepsis (RFS) assessment in addition to this proforma if blood tests / IV access indicated
- Offer antipyretic / antiemetics as needed
- Outline leading skin edge with indelible marker
- Document affected area on ED body map

**Vital signs**

Temp

° C

SpO<sub>2</sub>

% in air

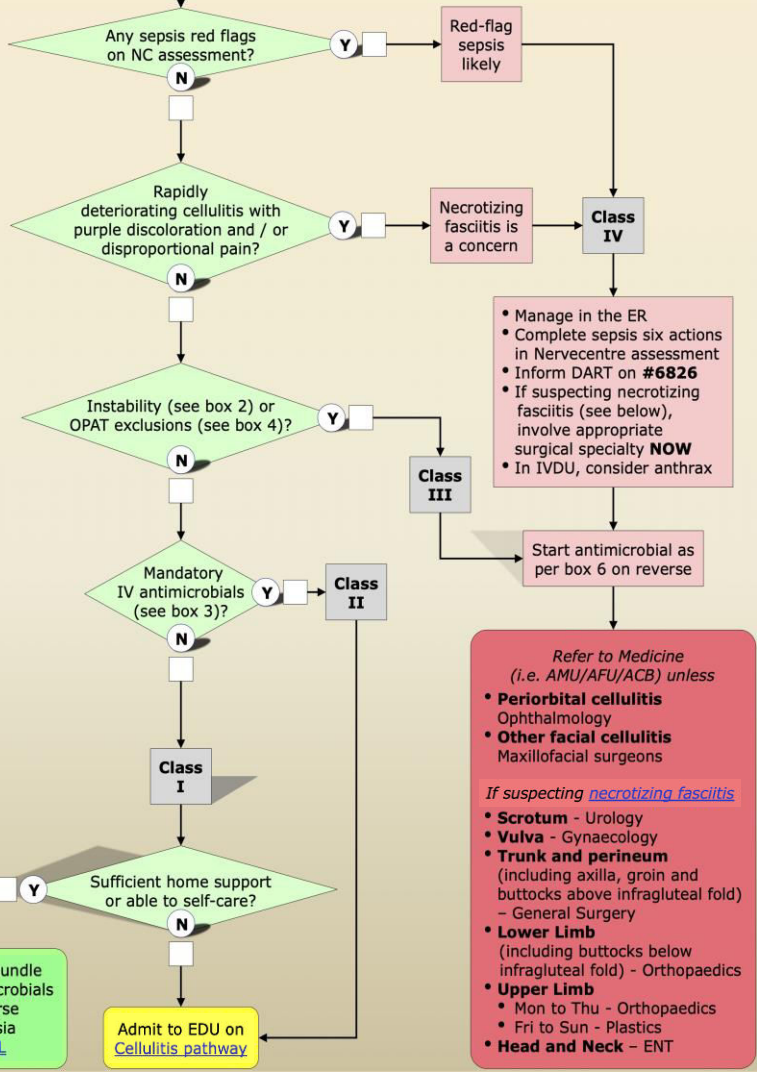
Resp rate

per min

Heart rate

per min

BP



**② Features of instability?**

**YES** - at least one of the below

*Acute physiology*

Pulse > 99/min (after antipyretics)

Respiratory rate > 20/min

Systolic BP < 100mmHg

Acutely altered mental state

*Comorbidity-related*

Chronic stasis ulcer

Uncontrolled diabetes

Peripheral vascular disease with critical ischaemia or ulcer

**NO** - none of the above

**③ IV antimicrobials mandatory?**

**YES** - at least one of the below

*Systemic features of infection*

Temperature > 37.9°C

Vomiting

*Relevant comorbidities*

Morbid obesity (i.e. BMI ≥40; see box 1)

Treated diabetes

Glucose in ED > 11mmol/L

Liver cirrhosis

Evidence of peripheral vascular disease

Evidence of chronic venous insufficiency

**NO** - none of the above

**④ Are OPAT \* exclusions present?**

**YES** - at least one of the below

Cellulitis due to animal or human bite

Cellulitis known to be caused by MRSA

Facial or orbital involvement

On OPAT since 48h, or worsening in spite of it

Rapidly progressive infection

Acute renal impairment (if U&E were indicated)

Immunosuppression

Unrelated medical reason to admit

**NO** - none of the above

\* OPAT = Outpatient Parenteral Antimicrobial Therapy

This patient was managed by

Print name      Signature      Position      Date      Time completed

## ⑥ Antimicrobial therapy recommendations

mark the appropriate regimen by ticking the boxes

### Important notes - read me first

- Seek microbiologist advice if cellulitis might be due to MRSA, or if patient is pregnant or breast-feeding
- If switching from Flucloxacillin to Teicoplanin there is no need to wait before first dose of Teicoplanin
- Antimicrobials may enhance the effect of Warfarin - increase INR monitoring during and after antimicrobial therapy

| Severity class |  | Routine patients  | Penicillin-allergic patients  |
|----------------|--|---|---|
| I              |  | PO Flucloxacillin 1G QDS 1 week <input type="checkbox"/>  | PO Doxycycline 200 mg OD for 1 week <input type="checkbox"/>  |
| II             | OPAT regimen<br><br>(includes non-responders to class I therapy)   | <p><b>eGFR normal</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1 IV Teicoplanin dose* BD</li> <li>• Day 2-5 IV Teicoplanin dose* OD</li> <li>• Day 6-7 PO Flucloxacillin 1G QDS</li> </ul> <p><b>eGFR 10 - 80mL/min</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1 IV Teicoplanin dose* BD</li> <li>• Day 2-4 IV Teicoplanin dose* OD</li> <li>• Day 5 - no antimicrobial -</li> <li>• Day 6-7 PO Flucloxacillin 1G QDS</li> </ul> <p><b>eGFR &lt; 10mL/min – unsuitable for OPAT</b></p> | <p><b>eGFR normal</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1 IV Teicoplanin dose* BD</li> <li>• Day 2-5 IV Teicoplanin dose* OD</li> <li>• Day 6-7 PO Doxycycline 200mg OD</li> </ul> <p><b>eGFR 10 - 80mL/min</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1 IV Teicoplanin dose* BD</li> <li>• Day 2-4 IV Teicoplanin dose* OD</li> <li>• Day 5 - no antimicrobial -</li> <li>• Day 6-7 PO Doxycycline 200mg OD</li> </ul> <p><b>eGFR &lt; 10mL/min – unsuitable for OPAT</b></p>   |
|                | Community hospital regimen   | <p><b>eGFR normal or &gt; 9mL/min</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1-5 IV Flucloxacillin 2G QDS</li> <li>• Day 6-7 PO Flucloxacillin 1G QDS</li> </ul> <p><b>eGFR &lt; 10mL/min</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1-5 IV Flucloxacillin 1G QDS</li> <li>• Day 6-7 PO Flucloxacillin 1G QDS</li> </ul>  | <p><b>eGFR normal</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1 IV Teicoplanin dose* BD</li> <li>• Day 2-5 IV Teicoplanin dose* OD</li> <li>• Day 6-7 PO Doxycycline 200mg OD</li> </ul> <p><b>eGFR 10 - 80mL/min</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Day 1 IV Teicoplanin dose* BD</li> <li>• Day 2-4 IV Teicoplanin dose* OD</li> <li>• Day 5 - no antimicrobial -</li> <li>• Day 6-7 PO Doxycycline 200mg OD</li> </ul> <p><b>eGFR &lt; 10mL/min – microbiologist advice</b></p> |
|                | * Teicoplanin dosing notes   | <p>Patient weight &lt; 71kg <input type="checkbox"/> dose=400mg    71-100kg <input type="checkbox"/> dose=600mg    101-130kg <input type="checkbox"/> dose=800mg</p> <p>131-170kg <input type="checkbox"/> dose=1000mg    171kg or more <input type="checkbox"/> discuss with microbiologist</p>  |   |
| III & IV       | <p><b>eGFR normal</b> <input type="checkbox"/></p> <p>IV Flucloxacillin 2G QDS for 1 week</p> <p><b>eGFR &lt; 10mL/min</b> <input type="checkbox"/></p> <p>IV Flucloxacillin 1G QDS for 1 week</p> | <p><b>as per Vancomycin Adult Prescription Chart</b> <input type="checkbox"/></p> <p>(see ED on-demand print menus: e.g. <a href="#">Injuries – Other</a>)</p>  |   |

### ⑧ Discharge vital signs

SpO<sub>2</sub> on air (%)

Resp Rate (/min)

Pulse Rate (/min)

BP (mm Hg)

Temp (°C)

### ⑨ Blood results

|           |                      |      |                      |         |                      |
|-----------|----------------------|------|----------------------|---------|----------------------|
| WBC       | <input type="text"/> | Na   | <input type="text"/> | Glucose | <input type="text"/> |
| Hb        | <input type="text"/> | K    | <input type="text"/> | Albumin | <input type="text"/> |
| Platelets | <input type="text"/> | Urea | <input type="text"/> | Bili    | <input type="text"/> |
| INR       | <input type="text"/> | Crea | <input type="text"/> | AP      | <input type="text"/> |
|           |                      | eGFR | <input type="text"/> | ALT     | <input type="text"/> |