Cellulitis Aide Memoire – ERON Classifications

Class I patients have no signs of systemic toxicity, have no uncontrolled co-morbidities and can usually be managed with oral antimicrobials on an outpatient basis

Class II patients are either systemically ill, or systemically well but with a co-morbidity such as peripheral vascular disease, chronic venous insufficiency or morbid obesity which may complicate or delay resolution of their infection

Class III patients may have a significant systemic upset such as acute confusion, tachycardia, tachypnoea, hypotension or may have unstable co-morbidities that may interfere with a response to therapy or have a limb threatening infection due to vascular compromise

Class IV patients have sepsis syndrome or severe life threatening infection such as necrotizing fasciitis

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Class I cellulitis can be managed in primary care with oral antibiotics.

Class II cellulitis are suitable for short-term (up to 48 hours) hospitalization and discharge on outpatient IV antibiotic therapy.

Urgent hospital admission should be arranged for:

People with Class III or IV cellulitis.

People who are more vulnerable to life-threatening infection, for example, the very young and frail, and people with comorbidities.

People with facial cellulitis (unless mild) or suspected orbital or periorbital cellulitis.

ShropshireResus.com

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